Intellectually Disabled People Need Access to Higher Education:
Examining the Alternatives to Higher Education and the Violence Behind Them

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Introduction

Access to Secondary and Tertiary Education rarely extends to physically disabled people, and is almost never available for intellectually disabled people. As of 2016, only about 19% of undergraduate students were disabled, and only 12% of masters and PhD students were disabled (NCES). 26% of adults in the U.S. are disabled (CDC). This is an obvious disparity. Alternatives to higher education for non-intellectually disabled people exist as trade schools, retail, work force, and private businesses. These affordances are not often extended to intellectually disabled people. Instead, in lieu of education past high school, the main options for intellectually disabled people are living with family, group homes, nursing homes, sub-minimum wage under 14c operations, enclave work, homelessness, and imprisonment. It is a problem that these are the main options, because instead of access to education, or some other option in gaining life and work skills, institutionalization is the main replacement, as it appears in the aforementioned forms. Institutions are harmful places that have detrimental effects on mental and physical health of those living in them. There are some opportunities for intellectually disabled people as it relates to work; certificate programs.

In some universities, certificate programs are offered as an alternative to higher education. In certificate programs for intellectually disabled students, students typically audit classes in undergraduate settings for two or four years, depending on the program. The certificate program is similar to degree-seeking programs, in that the point of the program is for the students to graduate and get a job, based on what they have learned. The programs differ in other ways, in terms of curriculum, however, certificate programs are an opportunity that is most similar to a degree-seeking program available to non-intellectually disabled students. Certificate programs are not an adequate alternative to a degree-seeking undergrad experience. While they

are a viable option for some, it is not enough to only offer programs like these in higher education for intellectually disabled people. People with ID deserve access to higher education in the same ways that nondisabled people do. While certificate programs are a viable option for some, I believe access needs to be offered for all, disabled or not, through open admission I suggest that certificate programs are a form of institutionalized ableism, under the guise of inclusion and equality. To only offer degree-seeking programs to non-intellectually disabled students is inherent exclusion. Intellectually disabled people are undervalued and underestimated in this sense, which is why I state that this is institutionalized ableism. It is not the fault of one individual, but rather, a problem that is a part of the system of academia.

Ohio State was an open admission university in the early 1980's, after the Reagan administration cut federal funding for education. Associate Professor Devin Fergus, at Ohio State, wrote for the Washington Post: "Spending on higher education was slashed by some 25 percent between 1980 and 1985…Effectively, these changes shifted the federal government's focus from providing students higher education grants to providing loans" (Fergus). Reagan's decision to limit the budget for education was the turning point that has led to the student loan crisis now. It also is what forced many universities to end their open admissions policies, and begin selective admissions. Not only are universities not open to intellectually disabled people, but they are also not possible for many poor people, as a result of their high costs and need for loans instead of grants.

Higher education and other programs that lead to jobs and careers are parts of a system of capitalism. Capitalism relies on labor, and the labor of intellectually disabled people is not deemed valuable because their work is viewed as sub-par. This is a result of the stereotypes around intellectual and cognitive disability – that people with IDD cannot learn, are not smart.

As a result, opportunities for education are not genuine for disabled students; opportunities are based around labor rather than learning. I am studying certificate programs because I want to point out the lack of access in higher education for intellectually disabled people in order to help our society to understand the pervasiveness of institutionalized ableism. From here, work can be done to dismantle this system, and therefore give access and equity within higher education for anyone who desires it. Through the works of various authors, discussions on the various types of institutionalization, stereotypes of disability, and an intersectional lens of critique, I will discuss and explain the disparity in higher education, and the lack of access for intellectually disabled people. I believe that higher education should be a right, just as K-12 education is, for all people, but especially for intellectually disabled people.

Models of Disability

In order to properly posit the points of contention outlined above, it is necessary to describe the ideas, and briefly, the history behind these points of view. There are nine models of disability. They are as follows: medical, social, moral / religious, identity, human rights, cultural, economic, charity, and limits models (Retief and Letsosa 1-8). These models represent the variety of beliefs and understandings of disability. The moral / religious model is as follows: "…the oldest model of disability [and is] found in a number of religious traditions…disability should be regarded as punishment from God for a particular sin or sins that may have been committed by the person with disability" (Retief and Letsosa 2). The identity model states that: "…the experience of disability is socially constructed, but differs to the extent that it 'claims disability as a positive identity'" (Retief and Letsosa 5). This model views disability as a positive thing, unlike the social model's view of disability as neutral. The human rights model of disability: "Moves beyond explanation [of the social model], offering a theoretical framework

for disability policy that emphasizes the human dignity of PWDs…secondly, encompasses both civil and political, as well as economic, social, and cultural rights. Thirdly, [this model] respects the fact that some PWDs are indeed confronted with such challenging life situations and argues that such factors should be taken into account" (Retief and Letsosa 5). The cultural model of disability is a model that recognizes differing cultural understandings of disability: "Focuses on how different notions of disability and non-disability operate in the context of a specific culture" (Retief and Letsosa 6). The economic is the next, which focuses on: "the various disabling effects of an impairment on a person's capabilities, and in particular, on labour and employment capabilities" (Retief and Letsosa 6). Lastly, the limits model states that: "It is important that people accept the fact that all human beings experience some level of limitation in their everyday lives" (Retief and Letsosa 7). These models all encompass a broader understanding of disability, and how different cultures and people interact with disability.

The most well-known are the medical and social models. The medical model of disability states that: "Disability is seen as a medical problem that resides in the individual. It is a defect or failure of a bodily system and as such is inherently abnormal and pathological" (Retief and Letsosa 2-3). Conversely, "According to the social model…it is society 'which disables people with impairments, and therefore any meaningful solution must be directed at societal change rather than individual adjustment and rehabilitation'" (Retief and Letsosa 3). Here, the authors highlight both the definitions of each model, as well as how they are contrasted. The medical model posits that disability is a result of personal limitations, while the social model posits that any limitations are a result of an inaccessible society. The model that is often associated with intellectually disabled people, through the understanding of nondisabled people, is the charity model. Historically, there are many representations of the charity model. One example of this

model is seen through the actions of Eunice Kennedy Shriver, who founded the Special Olympics in 1968. This model views disabled people as "victims of circumstance" who should be pitied (Retief and Letsosa 6). Shriver was largely influenced by the charity model of disability; she saw the Special Olympics as a way to help disabled people. She is quoted as saying: "By your presence, you send a message to every village, every city, every nation. A message of hope, a message of victory…the right to be anyone's neighbor, you have earned it. Today, the days of separation and segregation are over" (Shriver). This quote is from a video of the opening night of the Special Olympics 1987 World Games. Shriver started the games about 20 years earlier. Here, she is enacting the charity model through her discussion of the games, and the athletes in the stadium. 'A message of hope' asks the question: What is the hope she refers to? "The days of separation and segregation are over" are an interesting choice of words. To state that this is the end of separation is not true. Special Olympics upholds segregation, through the insistence of a separate organization altogether. Perhaps allowing disabled people to join the Olympics would not be equity, but it does not do well to claim an end of separation and segregation when there is none. Through this rhetoric, we can understand the charity model enacted; Shriver started the games because she viewed disabled people as victims of circumstance, to an extent. The way she describes the Special Olympics shows this. While the creation of the Special Olympics was unmistakably a good thing, it is also a reminder of the separation of disabled people. The meritocracy of sports is unavoidable, and is largely the point of the competition, but that is not the issue here. The issue is that intellectually disabled people should not only get access like the Special Olympics as a result of charity. Shriver's decisions made this opportunity available, but we need to push past that to recognize the issues within the view of disabled people as in need of charity.

Access to Higher Education

Access to higher education is a necessary option for disabled people, for the sake of independence, safety, equity, and equality. The important aspect of this is the choice in whether or not to enter higher education. Right now, there is little choice. The school to prison pipeline begins early in life for many intellectually disabled people. The school to prison pipeline is explained by Disability Rights Education and Defense Fund (DREDF) as the following: "…the policies and practices that push our nation's schoolchildren, especially our most at-risk children, out of classrooms and into the juvenile and criminal justice systems" (DREDF). This issue affects disabled children, and particularly disabled children of color. Black students, disabled or not, are disproportionately targeted for the juvenile penal system, and make up the large percentage of adults imprisoned – 34% as of 2014 (NAACP). While the United States makes up roughly 5% of the world's population, it imprisons 25% of the world's imprisoned people (NAACP). This is a staggering statistic, and goes to show that for children who are targeted by this system, many will end up in it – especially Black disabled people.

The Center for American Progress reports that: "Prison inmates are four times as likely and jail inmates more than six times as likely to report cognitive disability than the general population" (Vallas). Within the population of people imprisoned, the majority are Black and / or disabled. This is not a coincidence, but is a result of the school to prison pipeline, and how it disproportionately impacts Black and disabled kids. According to the American Community Survey, "Institutions house approximately 4 million persons of whom 2.1 million (52.7%) have a disability" (National Network). Along this school to prison pipeline are experiences, nearly universal, that target Black and disabled children, which then paves a path to institutionalization, like imprisonment. Special education segregates disabled kids early in their education, and this

segregation is the basis for the segregated years of adulthood, because it is not challenged. When systems like special education aren't challenged, they're allowed to continue to exist. Segregation is not only an antiquated lack of effort in inclusion, but it informs the lived experiences of disabled students in detrimental ways. When children are not set up with the education and tools to grow into successful and independent adults, the system fails them, as they are instead putting those children on the school to prison pipeline. This is not just in individual classrooms, but is institutional; structural, within our school systems. Special education is a segregation that is mirrored when disabled children grow into disabled adults, who then can face similar forms of segregation through the penal system, for example, solitary confinement. This is when prisoners are put in a solitary room, separate from the rest of the population in the prison. Solitary confinement has been known to have detrimental effects on people in it. For disabled people, this holds true. The news organization Truthout discussed this issue in an interview with Charlene Liberty, an imprisoned woman with mental health disabilities. Liberty was repeatedly put into solitary confinement, and made attempts to injure herself to be able to leave the confinement. She was punished by being restrained and pepper sprayed, while being put back into solitary. "Liberty is a plaintiff in a class-action lawsuit…the lawsuit alleges that the Rhode Island Department of Corrections is violating the Eighth and Fourteenth Amendments, as well as the Americans with Disabilities Act based on the "prolonged solitary confinement" of people with mental health diagnoses for weeks, months, and even years at a time" (Fassler). The author goes on to point out that, "Even a few days in solitary confinement can cause irreversible brain damage" (Fassler). Solitary confinement is a violent response to imprisoned people, and is just one example of segregation as it exists in the world.

Disabled people are not monoliths; disabled people often have other parts of their identity which further them from the normate. LGBTQ+, BIPOC, poor, migrant, homeless, houseless, undocumented disabled people exist. It is necessary to include these identities in this conversation, as these identities further deviate from the normate in the eyes of the nondisabled, and thus must be realized – these divergences are not accepted by the nondisabled either. Because of the defined normate, any divergence is viewed as flawed and requires being "fixed". This is a dominant conversation in the exclusion of disabled people in higher education. Disabled people are viewed as flawed and divergent from the norm, and thus it is decided that they are not welcome in higher education. Nondisabled saviorism steps in to "include" disabled people – though this is not truly inclusion. The Least Restrictive Environment (described below) is rarely enacted, which is illegal, but it is decided that nondisabled people have more power over disabled people than disabled people do over themselves.

Access in Early Education

Access for disabled adults begins with access for disabled children. In the education of students in high, middle, and elementary school, naming the educational access for disabled kids as "special needs" is a harmful stereotype and a misplaced attitude of support. Disabled needs are not special, and this concept should not be upheld through segregated spaces. The misconception that disabled needs are special carries into the adult lives of disabled people, labeling their very human needs as "special", which negatively impacts disabled people as a group, as it places the needs of disabled people as "extra", or "too much". Additionally, this attitude of betterment for disabled students exists to sustain the control and power of the nondisabled. Betterment can also be explained as 'help', based in the charity model. Betterment is an example of saviorism that nondisabled people feel is needed. This saviorism is done because it appeals to their need to help,

because nondisabled people are the norm in our society, and disabled people are posited as "in need". So it is natural for nondisabled people to want to save them, help them, and better them.

But this idea of betterment further harms disabled people and segregates them from their identity. It requires nondisabled feelings and recognition be put before disabled peoples' access and equity. The attitudes of nondisabled people are the overarching problem in disabled peoples' lives. Language, physical barriers, non-physical barriers, exclusion; these are all things that disabled people face as a result of their needs deemed 'special'. The idealized normalcy of nondisabled-ness is valued over access and equity for disabled people, and is treated with increased importance by nondisabled people themselves. Thus, the necessities for disabled people are ignored. In language, we hear "special needs" instead of 'disabled', because this term is more comfortable and palatable for nondisabled people; it is a softer recognition of what they view as a "defect" or "problem" – though to disabled people, personal impairments are not the problem – nondisabled feelings and their ties to inaccessibility are. In terms of barriers, spaces, both physical and intellectual, are held hostage by nondisabled people in positions of power. An example is universities – intellectually disabled people are often not allowed to attend them. There are also quite literally walls that prevent physically disabled people from access.

Access should be defined on an individual basis, *first* by the disabled student, as well as their supports, if needed. All too often, disabled people are assumed to be unable to make decisions for themselves, and with this assumption answers are expected from a nondisabled family member or aide instead of the student. Disabled voices, speaking or not, must be prioritized: not nondisabled voices. It is often the case that, because disabled people are infantilized by those around them, disabled people don't get to make choices for themselves regarding their education, individuality, and life. Parents, teachers, aides, and providers in the

disabled person's life often speak for them and make their decisions for them, on the assumption that they cannot do it themselves (they can).

An assumed lack of intelligence informs this infantilization, which leads to disabled people not getting what they actually need, because the people around them speak over them. Assuming that intellectually disabled people are not intelligent goes hand in hand with the assumption that people with ID cannot make their own decisions, which is an opportunity for intellectually disabled people to be infantilized. This problem has made its way into larger society so that in public spaces a stranger / waitress / secretary etc. will turn to the nondisabled person nearby to ask about the disabled person – who is right there, and can communicate for themself. Infantilization can be seen through this treatment, because it is done by nondisabled people under the assumption that disabled people cannot speak for themselves, or do not understand the conversation. The is infantilizing because this attitude treats disabled people like they are children, when they are not. Additionally, ignoring disabled people is an effort to take away their choices, and allowing someone else to make the choices for them. In 2014, the U.N. Committee on the Rights of Persons with Disabilities formed new guidelines that echo the sentiment that disabled people can make their own decisions. Committee member Theresia Degenier said that, "People with disabilities, including those with psychological or cognitive impairments, must be supported in making decisions, and not have decisions made for them, even when it is thought to be in their best interest" (Heasley). While children, disabled or nondisabled, have guardians to assist with choices, this often happens to disabled adults, who have full authority over their lives. Despite it being a common phenomenon for guardians to make decisions for their children, it is an empowering and important act to let children state what they need for themselves.

Access, or lack there-of is a problem that is prevalent in school settings. The Individuals with Disabilities Education Act (IDEA) of 1975 also defines the Least Restrictive Environment (LRE) for individual students. The IDEA, "makes available a free and appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children" (IDEA). This law is one of the first signed to protect disabled children. While there are some problems with it, it stands as a baseline for opportunity in education for disabled children. The law ensures that accommodations must be made for students in grades K-12. However, this does not apply to higher education.

Outlined and prioritized in the IDEA is the LRE. Each student's LRE should be defined by the student themselves. Anything else is not enough. Assurance of LRE for every disabled child ensures that the student is best able to learn. If the LRE is not assured, it is damaging not only to the mental health of the child, but it also takes educational opportunities away from them. Being left in segregated classrooms does not allow for a broad educational experience, and must be avoided at all costs; hence the importance of the LRE. This asks the question: is special education LRE? Like the LRE on individual levels, it depends. Only a student and their supports can collectively make that decision. However, when special education only serves to educate within a segregated space, I would argue that the LRE is not being enacted. Segregation is restrictive, even if it is not intended to be.

Allowing disabled students to make decisions regarding their comfort and education will enable them the independence that they need as adults. When nondisabled providers, educators, and parents attempt to speak for the disabled person, the student cannot have their LRE; due to the fact that they did not decide it for themself. It is the responsibility of the school system to make this opportunity for all students – including and especially disabled students. Additionally,

educational access is not the answer to inaccessibility, but rather, a starting point to address ableism at its beginnings in the individual lives of both disabled and nondisabled people. The current system of education on the topic of access is inadequate, which furthers not just ableism in nondisabled people (as well as internalized ableism in disabled people), but also other inequities between students that further classism, racism, homophobia, transphobia, as well as general prejudice and intolerance. The current system of education on this topic is inadequate because inaccessibility is addressed through its connection to meritocracy; not through bias. Meritocracy values access when inaccessibility impacts the competition of education. This means that access is prioritized when it impacts ability to compete, rather than ability to be in the educational setting at all.

Likewise, higher education assumes that intellectually and cognitively disabled people have no need for, want of, or understanding of higher education. This is extremely incorrect, and reinforces ableism and elitism in these spaces, which only continues an extreme lack of access. 26% of the U.S. population is disabled (CDC). According to the National Center for Education Statistics, only 19.4% of undergraduate students are physically or developmentally disabled, compared with about 80% of undergraduate students who are nondisabled (NCES). Additionally, this statistic only accounts for physically and developmentally disabled students. Intellectually disabled people are not a part of this statistic because they are not present in undergraduate programs. There are a number of factors that could explain the discrepancy between the number of disabled people in the U.S. versus in universities, but the most relevant and important here is that universities are simply not welcoming to intellectually disabled people.

Admissions offices want to diversify, which can mean including people who deviate from the normate, but they also rule out some deviant identities as “too deviant”. This suggests that

institutions only want deviance when it is profitable, in the sense that deviant identities reflect well on universities, which potentially results in profit through funding and support. Once these diverse people are in the institution, there is not always real support. Institutions do not always address the problems that make their spaces unsafe to these diverse students, especially problems like racism, homophobia, and ableism. In my view, this reveals the true intentions of institutions: to parade themselves as inclusive, in order to check boxes to "prove" their inclusivity. This is problematic for many reasons, but the foremost is that certain individual identities are valued because they serve as capital for the goals of the institution. This strong diversity profile serves funding, donations, pamphlets for prospective students, new buildings, more parking, new offices, more faculty, the list goes on. Diversity serves as capital for institutions to further their superficial goals, while also showing their "tolerance" in allowing deviant people in their institution. The problem is that they draw the line with the intellectually disabled when they consider which deviant identities to allow in university.

While the inclusion and access in education are inadequate, there are few examples of organizations tackling issue of inaccessibility. "Think College is a national organization dedicated to developing, expanding, and improving research and practice in inclusive higher education for student with intellectual disability" (Think College). Think College helps intellectually disabled students on their journey to higher education. Think College does research on several options for these students, like dual enrollment with college while students are still in high school. Think College is an example of people doing the work to connect disabled students with programs like TOPS, and their research is important in gaining information on the path to inclusive education for intellectually disabled students. However, this does not solve the problem of inaccessible education. Access to certificate programs, and assistance on the path to enter

them, is a valuable opportunity for disabled students who seek such things. But the issue still remains – intellectually disabled people are not welcome in typical, rigorous, degree-seeking programs. This reflects not on Think College, or the TOPS program. Instead, it reflects on society as a whole, and the misconceptions and stereotypes about disability.

Another problem highlighted in the inaccessibility of higher education is the obsession with IQ, intellectualism, functioning labels, and the mental age theory. These are all arbitrary ideas that are highly valued in society, particularly in academia. While not scientifically disproven, the concept has begun to fade in the medical field. Disabled writer David Morstad writes: "The concept of "mental age" has disappeared from the professional landscape for two fundamental reasons.; 1) people with disabilities find it insulting, and 2) it is meaningless in telling us anything about a person's capabilities or need for support" (Morstad). He goes on to say, "Our attempts at ranking people are meaningless because the scale itself is vague and meaningless" (Morstad). As Morstad explains, mental age holds no value, and does not contribute anything to the discussion of disability. Mental Age is a nonsensical attempt to further label intellectually disabled people.

Disabled author Yenn Purkis, on the issue of intelligence, says: "Intelligence is an attribute, like having blue eyes or liking the colour purple. But unlike those attributes intellect has a loaded meaning… [IQ tests] are culturally loaded but they can also be extremely misleading for people who use communication methods which aren't verbal speech" (Purkis). The value assigned to having a higher IQ is ableist, and yet, it is continually idealized. This is ironic because some disabled people have very high IQ scores, but are still treated poorly. These concepts are deeply entrenched in our culture, and are the very reasons behind college admissions – that and diversity. As Purkis notes, too, IQ tests cannot be used universally, for

people who do not communicate verbally. Or, if a native sign language user were to take an IQ test, it would likely show a low score, because there are significant grammar differences between English and American Sign Language. Disabled writer Ivanova Smith says, “These words are not just offensive language. They can also take away our rights to normal adult lives…[Mental] Age theory has also been used to strip us of the rights to make adult choices, such as buying alcohol and tobacco, or having sexual relationships” (Smith). When disabled people are branded as being “mentally age x” it takes away their agency as adults, and infantilizes them; it compares them to being a child. This theory, combined with IQ ranges for groups of disabled people, have also been used as a justification to forcibly sterilize disabled adults. In the famous court case Buck v. Bell, Justice Oliver Holmes said that, “Three generations of imbeciles is enough” (FindLaw). Holmes also stated that this law was needed, “for the protection of health and state” (FindLaw). Theories like mental age, and tests like the IQ test, set up society to treat disabled people poorly. Not just on an individual level, but on a structural level. Buck v Bell is still in effect today, though individual states have varying decisions on the subject of forced sterilization (Disability Justice). But beyond Mental Age Theory, or IQ tests, what the driving factor is, is eugenics.

Disabled people are not the only group to be targeted by laws like Buck v Bell. Eugenics can be seen across the world, not just in the United States. The Holocaust is a historical example of this. This was a horrific time, in which Jewish people were murdered for their belief system. And that was a result of eugenics as well. But before this occurred, the Germans began with the sterilization of disabled people. The Third Reich referred to disabled people as “useless eaters”, and a few years later, began killing them (USHM). Shortly after, began the killing of Jewish people.

Forced sterilization is still being done to this day. There are currently migrant people being kept in cages at the border of Mexico and the U.S., known as detention centers. This in and of itself is an atrocity. To do further harm, the United States government has been coercing and forcing migrant women into sterilization and hysterectomies (Manian). The same coercion has been used on Black people and Indigenous people throughout the history of this nation. In the year 1974, in the court case Relf v. Weinberger, the court found that, "poor people in the South were being forced to agree to sterilization when doctors threatened to withhold welfare benefits or medical care, including for childbirth" (Manian). This abusive practice is still done currently, through the justification that some people should not be allowed to reproduce.

When considering the efficacy of IQ tests, the Mental Age Theory, and subsequent focuses on intellectualism, we as a country, and as a world, are saying that some lives are more valuable than others – and then proving it through forced medical surgeries, exclusion from educational settings, and harmful rhetoric. Practices such as these have no place in our society, as they hold no value outside of control and harm, and the furthering of a hierarchical comparison between disabled and nondisabled people.

In Defense of Institutions

For the sake of argument, I will go over the perceived pros of institutionalization – stemming from those in support of institutionalization. These groups and individuals have several arguments in support of the continuation of programs like group homes, nursing homes, sub-minimum wage operations, and imprisonment. The one outlier of the argument in support of institutionalization is homelessness. Few outright support homelessness -- more often, it is seen as a side- or direct-effect or one's lack of motivation to 'get out' of homelessness. Homelessness is painted by society as something that the person experiencing it must deserve somehow. How

we as a society talk about poor and homeless people impacts how we treat people in those situations, which informs the idea that homelessness is someone's own fault. This extends to homeless people who may be struggling with addiction, bankruptcy, and other things out of their control. Homelessness may not be understood as a traditional institution; institutions are usually places that have walls and some kind of caretakers. Homelessness is an institution at that – it just needs to be understood differently. The so-called 'walls' of the institution that is homelessness are invisible: the policies, people, and hierarchies that force people into continued homelessness. One specific critique of the lack of governmental response in aide to the homeless is that there are plenty of resources that are divested from those who are in need. When given the opportunity to allow people with Section 8 vouchers housing in their property, landlords frequently don't allow it. This comes with the explanation that it will "bring down the community", which lies in a disdain and mistrust for poor people. From ProPublica, writer Jacqueline Rabe Thomas notes that, "Typically, vouchers come with a time limit to find housing" (Rabe Thomas). Thomas is referring to a story of a woman trying to use her Section 8 voucher to lease an apartment. This reflects an ingrained bias toward homeless and poor people, whose opportunities often lie at the hands of those with resources. The decision by the upper-middle-class or upper-class in the determining of access for the lower-class is indicative of the hierarchy that exists in society. If we look at this issue in larger communities – entire cities for example – it is clear that there are similar responses. Federal, state, and local government ultimately decide if and where accessible housing exists.

One argument made by those in support of institutionalization, which branches across all forms of institutionalization, is that institutions protect those inside of them. Group homes and nursing homes act as protection through healthcare. This is offered as an excuse for the ways in

which institutions seek to do this so-called protection. This protection includes acts which may be well-intentioned, but ultimately harm the residents. For example, because there are often many people in these institutions, staff has to move quickly from room to room in order to assist everyone. The same applies if they are distributing a meal. Because of this, there is not a significant amount of time for the staff to spend with residents. Therefore, there is often a lack of patience with residents, which I have observed firsthand. When there is a lack of patience, staff may do tasks for residents; take things from them, help them in the bathroom, etc. And these actions are often not welcomed. In addition, this often does not leave enough time for residents to eat, if they need their food fed to them.

History of Institutions

A historical example of institutional harm is the institution Willowbrook State School. Willowbrook was an institution open from 1947-1987. It is an example of a most horrendous human rights violation, in which, disabled people were forced to live in. Willowbrook, designed to institutionalize 4,000 people at one time, at maximum, for some time institutionalized 6,200 people. While originally meant as a rehabilitation center for disabled veterans, the current governor at the time, Thomas Dewey, insisted on it being used for disabled children. He argued that intellectually and developmentally disabled children were, "feeble-minded…who never can become members of society" (Reimann). This horrific description is an example of the attitude that paved the way for the abuse and neglect that happened behind the walls of Willowbrook.

Open for 40 years, there was no discussion of the abuse happening there until the late 60's, when the Kennedy family brought light to this abuse, and then again in 1972, when a local reporter highlighted the abuse. There were many atrocities to come within Willowbrook, including forced medical testing on disabled patients. In the first decade of its opening, there was

an outbreak of hepatitis. The New York Daily News writer Dan Gunderman reports that, "To combat the disease and/or better grasp its effects, controversial medical experiments were conducted on the resident patients. It even reportedly involved hepatitis-free patients being inoculated *with* the disease" (Gunderman). Staten Island Live reports that, "Some were forced to eat feces from other residents who were infected with the disease" (Dalton). These people were constantly abused for the sake of research. Rather than offering more medical care to the people who were affected by the disease, the medical team tested on those who did not have it.

The institution was shut down in 1987, but institutions exist even today. From the New York Times, author Christine Montross describes modern examples of institutions that harm disabled people –21st century examples. Montross explains that through these modern institutions, people are facing "transinstitutionalization". Transinstitutionalization refers to the phenomenon in which: "the mentally ill are alternatively and repeatedly passed between the mental health and criminal justice systems" (Montross). She goes on to explain, "As a hospital psychiatrist, I see this every day. Patients with chronic, severe mental illnesses are still in facilities – only now they are in medical hospitals, nursing homes, and increasingly, jails and prisons, places that are less appropriate…than long-term psychiatric institutions" (Montross). Montross' op-ed highlights that in her career centered on mental health, she sees patterns of the institutionalization in which disabled people are still forced into now. Despite obvious institutions like Willowbrook being shut down, institutions like those mentioned are still carrying on the legacy of institutionalization, as well as the harm that goes with it.

Group homes and other forms of institutions are simply a more modern version of Willowbrook. The harm may not be as blatant, but it is there, nonetheless. There are many instances of harm that occurred some 70 years ago that have been replicated now. Reimann

explains that in 1960, an outbreak of the measles killed 60 people who were institutionalized there (Reimann). It is clear that these institutions do much harm to disabled people – regardless of the decade. Willowbrook is a particularly abhorrent spot in the history of the U.S. in terms of impact on disabled people. But we can still see its pervasive harm.

Author Russell Barton coined the term "Institutional Syndrome / Neurosis" in 1959: "Characterized by symptoms such as apathy, lack of initiative, loss of interest and submissiveness. The cause of institutional neurosis was said to be factors such as loss of contact with the outside world, enforced idleness, brutality and bossiness of staff, loss of friends and personal possessions, poor ward atmosphere and loss of prospects outside the institution" (Barton 76). This syndrome is one of the many destructive side effects of institutionalized living that many disabled people are forced into. Not only are disabled people institutionalized, but they are further disabled as a direct result of the conditions they are forced to live in. Neglect is a large part of the abuse that occurs in institutions, surrounding the idealistic nature of nursing homes, group homes, and other forms of institution. Institutions are often understaffed, and the staff who are available lack experience and knowledge. This especially holds true because nondisabled staff do not respect or attempt communication with nonspeaking, nonverbal, sometimes non-speaking, AAC users, D/deaf, hard of hearing, blind, or Deaf/blind folks in the institution. Their needs are not met because access and communication are not made a priority by the institutions. I have seen this firsthand in facilities. When volunteering in a nursing home, I discussed the abuse going on with many of the residents. The home where I volunteered housed both D/deaf and hearing residents. Because most of the staff were hearing as well, communication was not prioritized by the staff. Along with this de-prioritization, care given to these residents was not optimal. One resident was Deaf and blind, so hearing and sighted staff or

volunteers had to use a form of sign language that involved sitting in front of the resident when having a conversation. As a result, this form of communication took longer than regular signing or speaking, and the resident received significantly less attention from staff and other residents in the facility. Signs of institutional neurosis could be seen in that resident and others, as a result of behaviors of staff, as well as the environment of the facility.

Barton's definition of Institutional Neurosis shows the impact that neglect and abuse have on disabled people who are institutionalized. Key features are apathy and submissiveness. Institutional Neurosis (IN) showing up in this vein can allow room for further abuse, including increased neglect and sexual violence. By de-prioritizing communication and access through forced reliance on the institution, we are not just failing disabled people, we are killing them. Barton's definition notes causes of IN including "brutality and bossiness of staff", which points out the impact that these actions have on the acquisition of IN. Coupled with defined visiting hours, which limits communication with visitors and loved ones, these have detrimental impacts on mental and physical health for folks who are institutionalized. Disabled activist Mel Baggs says, "An institution is not created by the shape of the building. It's created by who holds the power, and what kind of power they hold" (Baggs). Keeping these words in mind, we can find that institutions exist in places that some of us call home; just because a place lacks guards and cells of some kind, does not mean it is not institutionalizing someone. Nondisabled people often do not problematize institutionalization because it is seen as a humane option for living; as giving support and assistance. This lack of problematization poorly impacts disabled people because it ignores the reality of living for so many disabled folks who are institutionalized. As recently as 2011, 52.7% of disabled people were institutionalized, according to the American Community Survey (ADATA). Not only is institutionalization a mental health problem, but it

impacts physical health as well, which simply cannot be ignored. Otherwise, nondisabled saviors would have to admit their hidden agendas behind institutionalizing disabled people. With the phrase 'hidden agendas, I refer to the implicit goals and attitudes behind the actions of nondisabled people within these systems. This also relates what I refer to as the voluntourism of the nondisabled engaged in programs designed to "help" people with disabilities (which I discuss in depth later in this paper). Hidden agendas are too often the reasons that nondisabled enter disabled spaces. These agendas appear through a multitude of actions that are masquerading as friendship. In turn, this teaches the disabled people they befriend that they can't rely on them.

For example, filling a spot on their resume, or fulfilling required volunteer hours – a rung on the career ladder. This is not to say that volunteering is inherently bad – it is very necessary in some cases. But rather, this is to call attention to the *why*: Why is it considered volunteering to spend time with disabled people? Organizations like the Special Olympics are often used by nondisabled people as opportunities for volunteer hours. It is problematic to solely interact with disabled people through volunteering, or for a career, because this reinforces the saviorism that nondisabled people sometimes display toward disabled people, and likewise, treats the disabled person as a commodity. Disabled people are viewed as being in need of help, when what disabled people more-so need is access. Saviorism comes in through the idea that disabled people need help – then nondisabled people view it as their job to help on an individual level, rather than addressing their part in the system that puts disabled people in an inferior position.

When nondisabled people assume that disabled people need help, they impose their preconceptions onto those disabled people. The complexities of interdependence are manifest in the unique relationships that form the basis of this help. The relationship between a disabled and nondisabled person is a dynamic that can either humanize disability or stigmatize it. For those

who volunteer in these spaces, like Special Olympics, they may be going into a field that is similar; Special Education, Speech and Hearing Pathology, and other careers that center on disability. However, disabled people exist in all places that nondisabled people do. So, for all interaction with disabled people to only happen in volunteer spaces, places the understanding that disabled people only exist to be helped, when the opposite is true. Nondisabled people whose intentions are based in their careers should not use a temporary volunteer opportunity to interact with disabled people. If one's career is based on disability, disability should be familiar to that person. And if one's only familiarity only comes from volunteering, it is not enough.

In conversation with Judith Butler, disabled writer and painter Sunaura Taylor describes the phenomenon in which disability is not viewed by nondisabled people as charity, but rather, as a regular part of life. Because of a lack of accessibility, disabled people are often confined to their homes, and are not out and about. As a result, disability is not seen; disabled people are not seen. Taylor notes, "I moved to San Francisco largely because it's the most accessible place in the world…the physical access…also leads to a social acceptability, that somehow because there's physical access, there're simply more disabled people out and about in the world…And so the physical access actually leads to a social access, an acceptance" (Taylor). Taylor's reflection perfectly posits the connection between access and equity. Access leads to acceptance, which in turn allows a non-normal embodiment to exist. When a non-normal existence is accepted, it is not such a radical idea for intellectually disabled people to exist in spaces where it is not thought they should, including higher education.

Punishment

Nondisabled peoples' attitudes toward saviorism are also related to concepts of punishment. Punishment by the nondisabled has existed historically. Punishment is used in

response to disabled people who are viewed as needing help – specifically help that deserves institutionalization. It may not be branded as punishment, but the actions done by institutions, and institutionalizing someone as a result of their disability, is punishment. As mentioned earlier, a historical example of this is Willowbrook. Nondisabled people know that Willowbrook is an example of a particularly harmful institutionalization. But what is not understood is that all institutions are bad; not just the ones that are obviously so. By 'bad', I mean that institutions all have negative effects on the lives of the disabled people living in them. These effects are not all equal, by any means, but it is necessary to recognize that lesser harm is still harm.

Willowbrook is an example of extreme harm and abuse: neglect, physical and sexual abuse, lack of food and clothing – this is extreme harm. But harm can show up in a multitude of ways. In more modern examples of institutions, harm is still pervasive. Nursing homes are a modern example of institutions. The harm in this setting looks different from Willowbrook. Here, it shows up as neglect, sometimes as a result of too few staff members. From the Nursing Home Abuse Center (NHAC), we can understand this example: "Common causes of nursing home abuse include burnout, greed, lack of supervision, understaffing, and corporate decisions" (NHAC). The NHAC goes on to cite examples of what specific abuse looks like: "A paralyzed woman with dementia was left sitting in her own urine at a North Carolina nursing home every day for a week. The woman's daughter filed a complaint with the state – marking a total of 21 complaints against the nursing home since 2011" (NHAC). Neglect, like this example, is an issue across institutions for disabled people, even if these institutions claim to exist to offer protection.

Similarly, institutions take away a lot of the agency of those living there. Agency is very much tied to independence; the ability to make one's own choices. In institutions, much of this independence is taken away. Most things are regulated within institutions; what time to wake up,

what time to go to bed, what activities are available that day, when and where residents can go to the store. These choices are things that can be made when someone is not institutionalized. But just by living in an institution, so much of this agency is taken away.

The Ugly Laws in the United States were another way that nondisabled people attempted to regulate the existence of disabled people – these laws were an attempt at palatable institution, meaning the laws were acceptable to many people, because they did not want to see disabled people in public. These laws, first introduced in 1867, are described as: "Municipal statutes in the United States that outlawed the appearance in public of people who were… "diseased, maimed, mutilated, or in any way deformed, so as to be an unsightly or disgusting object"" (Wilson and Schweik). These laws were upheld in the U.S. for nearly 100 years. The last of which was repealed in 1973 – less than 50 years ago. This was just one way for nondisabled people to regulate the existence of disabled people, but to be clear: these are not harmless actions, these are calculated attempts to continue eugenicist ideals for society, under the semblance of protection. But there is no offer of protection that can replace the independence of living life freely.

Sub-minimum Wage, Enclave Work, Voluntourism, and Religion

Our current state of society relies on labor done for low wages. Labor done for minimum or sub-minimum wages allows businesses and their owners to collect more money for the lowest price, which helps maximize profit. Low wage laws effect people within many groups; migrants, BIPOC, women, and people in the LGBTQ+ community. Those who are especially impacted by these laws are disabled people, as this is a group whose majority of members are impacted by this law. Additionally, many of these groups listed include people whose identities overlap

between these groups. Disabled people are not all white, nor all U.S. citizens, all straight, all cisgender, or all men, which is important to remember in these conversations.

Under the Fair Labor Standards Act of 1938 (FLSA), it is legal for institutions to pay disabled workers subminimum wage – mere cents an hour (NCDP). Minimum wage in most states in the U.S. is already not a livable wage; thus, a subminimum wage is a harmful and intentional act of violence. Sub-minimum wage suggests that the person deemed deserving of it is sub-human. President Biden had proposed a new law to repeal this clause, but the bill did not pass (Luterman). Alternatives to higher education must be considered in order to understand the importance of the opportunity and access to it. We must recognize the harm that these alternatives hold. While access to higher education will not fix the problems that disabled people face in this country, it is a step toward liberation from the system itself. And I believe that is an allowance that every person should be able to choose.

Minimum and sub-minimum wage work is also an issue of interest for nondisabled people involved in saviorism. Whether nondisabled work or volunteer in the same businesses, or they frequent these businesses, the impact is the same. Nondisabled people are heralded by other nondisabled people for helping the disabled people who are a part of these programs. This further proves that nondisabled involvement in the education of disabled people – from an early point in their lives – is too often done to earn praise for "doing the job no one wants to do" (a phrase I've heard myself, all too often). This phrase is used as a way to communicate the disdain with which many people see the job of working with or for disabled people. Involvement based in this idea rarely values the lived experiences of disabled people, and ends up continuing cycles of harm.

Goodwill Industries is an example of enclave work: "A workplace where a worker with a disability or a group of workers with disabilities are working and supervised by staff…the

workers remain on payroll and authorization to pay subminimum wage is based on the work center's certificate" (U.S. Dept. of Labor). Goodwill also hires nondisabled people, but the treatment of the two groups – disabled or nondisabled – varies in obvious ways, especially through pay. Goodwill is an organization with locations that hold 14c certificates, under FSLA, allowing them to pay their disabled workers a sub-minimum wage (U.S. Dept. of Labor). Because it is a franchise, each location is different, however, Goodwill is known to use the 14c certificate to pay a sub-minimum wage (U.S. Dept. of Labor). This is an organization that profits off of free merchandise and low wage labor. They receive almost all merchandise from donations, and they are a 501© (3) organization, meaning that they are exempt from federal income taxes. As a result, Goodwill's entire organization costs them little to no money -- they make a profit selling donated items, while paying their workers next to nothing.

In addition to enclave work, we can understand the types of jobs that are available to disabled people. From the article "Subminimum Employment for People with Disabilities" written by Rabia Belt and Doron Dorfman, we can understand the meaning behind this: "[Sheltered workshops] often fall under one of the 'Eight F's' of disability employment: food, filth, fetching, folding, filing, flowers, friendly, and festive". The authors go on to say: "…sheltered workshops actually reinforce dependence as they continue to segregate disabled people from the labor market while paying them absurdly low wages, as low as 22 cents an hour" (Belt and Dorfman). As highlighted by the authors, the 'Eight F's' of jobs available to disabled people are jobs that are monotonous, uninteresting, unmotivating, and often don't revolve around an interest in the work. As a result of the low expectations set for disabled people, jobs like the eight f's exist, because when we expect so little from people, we don't offer them opportunities

they're interested in. Additionally, the article aforementioned highlights the ways in which enclave work like this reinforces a segregated existence of disabled workers.

Nondisabled saviorism can also be shown through the actions of voluntourism done by the nondisabled. Voluntourism has mostly been used to describe the actions of white people toward BIPOC: "…activities engaged in by tourists who 'volunteer in an organized way to undertake holidays that might involve aiding or alleviating the material poverty of some groups in society" (Wearing). Voluntourism relies on the fact that involvement by the saviors is ever fleeting; a vacation is short lived, and often, you don't go back.

I am applying this term to the relationships that nondisabled people have with disabled folks in their communities. There are several motivations behind voluntourism, and most revolve around self-fulfillment, rather than actually helping communities. Meanwhile, the communities which were "served" are left picking up the pieces when the saviors leave. Disabled people pick up the pieces -- of their education, of their relationships with these people, of their now lost connections. Voluntourism is an act of violence toward disabled people, because it is an act that takes advantage of disabled people in these spaces. Despite this, it continues to be an appropriate activity in the eyes of non-marginalized groups. Because of this, voluntourism pervades educational settings, including the certificate programs that replace higher education. Institutions like group homes, nursing homes, prisons, and jails are all examples of places in which voluntourism occurs (though they are not the only places it occurs). Voluntourism exists under the guise of saviorism, which nondisabled people view as helpful. However, it is very far from such. Group homes and nursing homes commonly have voluntourists, either as staff or as volunteers. Both are equally as harmful, as they have access to the people living in these spaces, and threaten the safety and privacy of these folks in the name of saviorism. This goes along with

rules in these spaces; doors left open, no locks on individuals' doors, meals at specific times.

Voluntourists in these spaces have access to disabled people at all times. In prisons and jails, the guards and visitors serve as the voluntourists. It could be said that the threat of violence is much higher in these spaces, compared to group and nursing homes, because of the perception of prisoners as deserving of consequences. Voluntourism depends on the idea of limited time. Limited time, here, refers to the cyclical "vacation" mentality of voluntourists; vacation is temporary, regardless of how long the 'trip' is. It is cyclical because of the consistency of vacationing throughout the years. Voluntourists may visit a different group, but voluntour each year. But their time is not limited by an outside source – it is limited by the tourists themselves. These voluntourists work under the guise of mutualism in their touring; a mutual relationship because both parties are seen as benefiting. But the opposite group, that which receives the help, often does not benefit or it is not a sustainable benefit.

In a 2018 article, The Guardian discusses the issue on voluntourism as it exists in other countries. Central and South America are common areas where voluntourism occurs, because of the proximity to the U.S. One example given is of the group Hope of Life, who volunteer in and around Guatemala City, Guatemala. Their budget for volunteer and contribution was $15.7 million in 2016. The author of the article, Tina Rosenberg, explained, "But when I visited, it seemed clear that not much money was being spent on its most vulnerable, disabled residents, while a lot of investment has gone toward making the volunteer experience as comfortable as possible – and as emotionally rewarding" (Rosenberg). If the help provided by volunteers was sustainable and consistent, it would be more beneficial to the communities being offered help. But temporary help, like going to a few meetings, or helping with a half day project, is not a sustainable model of volunteering, and is where it falls into voluntourism. Voluntourism is

convenient for tourists because they are on vacation; their time has a countdown clock on it from the moment they enter a space. When the timer goes off, they get to go home. No matter how long they stay, it is still a temporary trip, and often they don't go back. For disabled people under their reach, there is no home to go back to. This is not mutualism, but parasitism.

An example of voluntourism is the organization Young Life. Young Life, started in 1941 by founder Jim Rayburn, is a program centered on faith and friendship. Their mission statement is as follows: "Introducing adolescents to Jesus Christ and helping them grow their faith" (Young Life). This mission highlights several topics about this organization that are of interest to me: topics including religion, youth, and growth. These topics are a point of contention in the reality of programs like Young Life along with the setting of these programs. This contention highlights points of interest for this organization that do not align with all of their programs. Young Life's list of values reinstates their focus on religious values, and how these values translate into communities.

Young Life has a multitude of programs that spread across the U.S. One of their major goals is outreach; the introduction of Christianity into the lives of children who previously had little to no familiarity with this religion. As they state, their focus is on adolescents. However, this outreach is not always as straightforward as it appears. Their programs focus on introducing their faith into a variety of communities. But the targeted communities are groups of people whose lives are often exploited or admonished within Christianity. For example, as listed on their website, some of these programs include: "Multi-ethnic, teens with disabilities, teen moms" (Young Life). They also focus on middle and high schools, as well as teens of military families.

The problem that exists in these programs, also known as ministries, is that the explicit agenda behind them is based in forced religiosity. Additionally, their aim is to offer outreach into

different communities, like disabled young adults, but their interaction does not undo any stigma around disability; instead, it upholds the hierarchical relationship between the two groups. Likewise, the outreach into the lives of young disabled adults serves two major purposes: to introduce them to Christianity, and to improve themselves, rather than make any significant improvements in the disabled person's life. This shows that this outreach is rather self-serving. Outreach furthers the 'word of God' within their religion, and it helps them become better people in their own eyes.

Young Life's ministry for teens with disabilities is known as Young Life Capernaum. This program revolves around a particular story from the Bible (Mark 2). In this story, four nondisabled men carry their physically disabled friend to an event to hear Jesus speak. Jesus sees them bringing the disabled man and "restores him to wholeness and health" (Young Life). The website quotes this story, and goes on to state, "…we don't think intellectual or developmental limitations should keep an adolescent from the presence of the One who promises fullness of life" (Young Life). There is some issue with this point of view. Not only does this enforce a medicalized view of these disabilities, expecting disabled people to want a cure, but it also posits [belief in] God as a "cure" for the so-called problem of disability – caused by sin. This is at the heart of the Christian understanding of disability. In her book 'Disability, and Christian Theology: Embodied Limits and Constructive Possibilities', author Deborah Beth Creamer explains the most common rhetorical uses of disability in Christianity: "When people with disabilities have been considered at all [in Christianity], they have historically been looked at as symbols of sin (to be avoided), images of saintliness (to be admired), signs of God's power or capriciousness (to be pondered), or personifications of suffering (to be pitied) – very rarely are

people with disabilities considered first as *people*" (Creamer). This is relevant to the Young Life understanding of disability, and how it is centered in their outreach.

Focusing on exploited and admonished communities of people is not new in terms of Christianity. But the problem still remains; the underlying goal in offering to help these communities is to make themselves and disabled people palatable to their God, as well as to themselves. The views of these groups are much of the encouragement behind the engagement with them. Teenage pregnancy can happen for reasons like pro-life views, inadequate sex education (including abstinence only sex education), as well as insufficient support systems. The people who end up as teen moms are targeted by Christianity because it serves the Christian views of Young Life members to be pro-life.

But the issue at stake here is the targeting of disabled teenagers and young adults, which serves to further the agenda of Christianity and Young Life members; the agenda of attempting to "even out" or "cure" the perceived sin behind disability. There are many understandings of disability, including non-fact-based understandings. Christianity is a religion whose understanding of disability is not based in fact; this religion relies on a subservient understanding of God's word, which states that disability is an outcome of sin. This outreach is also a reason behind the presence of Young Life in Special Olympics teams. One of the central Columbus Special Olympics teams has volunteers made up by two major groups – those from the high school in the area of the team, and those from Young Life. Young Life members who volunteer are part of the outreach program of Capernaum. I myself have been present at some of the Young Life meetings, where athletes from the Special Olympics team were invited. These athletes were invited to the Young Life meetings after the volunteers befriended athletes at Special Olympics practices. Over time, it has become almost a compulsory relationship between the Special

Olympics team and Young Life. This is not new, but is one example of the pervasiveness of Christianity in groups of disabled young adults.

This is not to say that all Christians perceive disability in this way, but that this faith is one that allows room for untrue presumptions about disability in the name of the religion. Likewise, these untrue presumptions pave the way for (and can work simultaneously with) eugenicist ideals.

Certificate Programs

Certificate programs are an example of the hierarchy between disabled students and nondisabled teachers and peers. Ohio State's program 'TOPS' is an example of this problem. TOPS is designed as a path to competitive employment; its primary focus is to assist disabled students in being part of the labor force. TOPS is also a program that is accessible to underprivileged families, as they have had open enrollment, using Pell Grants for the incoming students.

TOPS is similar to a degree-seeking program, but the big difference in TOPS is that it does not grant a degree; it grants a certificate instead. TOPS does not offer itself as a replacement for an undergraduate program. The problem is, there are few programs that do. One program that does is the College Internship Program (CIP); however, this program is very expensive. The 2020-2021 school year Core Level tuition was $61,200 (CIP). I believe that intellectually and developmentally disabled people deserve access to degree seeking programs as well, though for much more accessible prices.

The TOPS website includes information for those seeking peer mentor placement – an opportunity for non-intellectually disabled students. This is posited with the following quote: "Are you a current OSU student who is interested in service learning while earning additional

credit hours? If so, TOPS has a perfect opportunity for you!" (TOPS). This headline, seeking to entice non-intellectually disabled students, shows that TOPS is based on this peer relationship between disabled and nondisabled members of the group. Here, we can understand that 'peer' reinforces a mutualistic relationship between the disabled members of TOPS (those taking classes), and the nondisabled members (those helping run the operation). This is a necessary distinction because it points out that the use of 'peer' is an alternative use of the word. Peer, as stated, informs a mutualistic relationship -- an interrelationship. However, in this setting, the peer mentors are inherently above the disabled students in the hierarchy of the program, because they are sought after to help run the program; not as people applying to enter it. This reinforces the hierarchy of power within this program, as well as the institution more broadly; nondisabled students in undergrad at Ohio State are asked to come to the program, while disabled people are the members of the program. The nondisabled peer mentors are offered these positions to fulfill a "service learning" opportunity (TOPS). This means that the nondisabled students are a part of the program for a specific class within their major or minor. This is not the same as the disabled students in the program, who are in the program to audit classes. Here, we can see an example of the charity model of disability. The nondisabled students involved are there as a result of the power imbalance of the program. The charity model acts on the idea that, "Able-bodied people should … assist PWDs [People with Disabilities] in whatever way possible, as 'they need special services, special institutions, etc., because they are different'" (Retief and Letsosa 6). Hence, the 'Special' Olympics; an alternative program specifically for disabled people, as well as TOPS.

Through TOPS, we can also see the charity model rhetoric in reference to the disabled people apart of the program: "The goal of admission criteria is to identify potential TOPS participants who are interested in lifelong learning and will benefit from experiences gained at

The Ohio State University" (TOPS). This quote, taken from the website, refers to the disabled applicants for the program. When compared with the language used to entice nondisabled students into degree-seeking programs, there is a distinct difference. On the Ohio State website for prospective undergraduate students, there are facts on the page like, "200+ majors plus nearly 500 specializations" and "In the academic environment of Ohio State, boundaries are made to be pushed and new horizons explored – by faculty and by students" (OSU Majors and Academics). Here, we can clearly see the difference in expectations for nondisabled versus disabled students. While expectations for disabled students are set extremely low, expectations for the nondisabled students are to "push boundaries" and "explore new horizons". This is also a reflection of the selective admissions at Ohio State; admissions officers know that they don't need to entice the TOPS prospective students, because admission is not based in perceived ability, but rather on resources available. With undergraduate programs, admissions officers can be more selective, so they invite a larger pool of applicants.

There is an enormous difference in number of students between the programs, which contributes to the resources available. Ohio State's undergraduate program is prepared for the number of students that are admitted and attend the university each year, and have the resources to accommodate such a large class – 53,557 students in 2020 (Institutional Research and Planning). The TOPS program admits a very small cohort of students each year, usually about 15 students. However, the difference in rhetoric on the websites also highlights the effort put into supporting nondisabled students compared to disabled students in the TOPS programs.

One of the founders of TOPS, Professor Amy Shuman, told me that it took eight years for the program to get four dorm rooms for students in the TOPS program (Shuman). This clearly shows the attitude of Ohio State toward the lack of allocation of resources, as well as inclusion of

intellectually and developmentally disabled students. This is also true for physically disabled students. If physically disabled students are not intellectually disabled, they are welcome on campus. However, many of Ohio States' buildings are not physically accessible for these students, meaning physically disabled students cannot enter certain buildings. Section 12182(b)(2)(iv) and (v) of the Americans with Disabilities Act state that: "public accommodation discrimination includes failure to remove architectural barriers in existing facilities, unless it can be shown that removing a barrier is "not readily achievable" or accommodations cannot be provided through other means" (Riley). In the case of Ohio State, this applies to several older buildings on campus, buildings that existed before the passage of the ADA, that fall under the exempted portion of this section of the ADA. Because some of Ohio State's buildings are old, there are barriers in place that are not readily achievable, as the ADA states, and therefore do not have to be accessible. This communicates that disabled people are not welcome in those spaces.

So, after disabled students in the TOPS program finish their two or four years of auditing classes in TOPS, they receive a certificate, which is not as advantageous as a degree. The one exception to this is when certificate programs work with local employers who offer positions for graduates of these programs. However, this is limiting to the skills and ideals of the graduates, because it does not take into account that some graduates may want to move or work in different areas, or travel. Often, the certificates are tired to local businesses, thus limiting the graduates' possibilities of moving to a different location. Further, they are prepared for a specific job that does not necessarily translate to other kinds of work. The program supports assumptions are that intellectually disabled people are content in staying in one place, doing the same thing, their whole lives. Some people may be, but the assumption is the problem. Degree-seeking undergraduate or graduate programs tend to view disabled people as diversity additions, which

devalues individual intelligence. The university focus on diversity devalues individual intelligence because it places more value on diversity, instead of inclusion, and value of students' ideas and thoughts.

Staying in the same community one grew up in echoes the idea that disabled people are always dependent on others, whether that is family, or another kind of support. Many people choose to live in the same communities they grew up in, or went to school in. Additionally, there may not be the desired job opportunities for the individual in that community. But the point here is that everyone deserves the choice of whether they want to stay or not. When disabled people are not given the tools to form their own independence, this choice is taken away. The decision is up to the individual person. Moving away does not constitute success in life, and staying in one's community does not constitute failure. What matters is having the choice to make the decision to stay or not. Many people decide to move and work elsewhere after graduating with a degree – thus the limitation of staying in the same community.

Most people rely on others at some point for help or support, but there is a difference between depending on others, and the interdependence of mutual support. Disabled people are not given opportunity for interdependence in the same way that nondisabled people are. In this discussion, it is necessary to highlight the reasoning behind the two experiences: certificate programs versus degree-seeking programs. The reasoning behind, or point in, a degree-seeking program is a degree. Subsequently, these degrees lend access to jobs and careers that the graduate is interested in. Often, this is something that they have hoped for, or described as their 'dream job' when asked. This is distinctively different from the reasoning for certificate programs. Certificate programs highlight skills that are specifically for labor-related jobs. Often these are jobs that one would not describe as a 'dream job', but instead are jobs that simply pay

the bills, and contribute to the community. Think College, as discussed earlier, is an example of a program that aims to help intellectually disabled people in finding competitive paying jobs (Think College). The programs encourage intellectually disabled students to identify their interests and work toward jobs in those areas. However, such jobs may not be available. Think College is a helpful program, but it nonetheless is comprised of certificate programs that teach skills and labor, rather than passion and interest that one could get from a degree-seeking program.

Certificate programs like TOPS also serve as an opportunity for voluntourism to exist. Voluntourists are usually known in the program as peer mentors (though people in other roles can be voluntourists as well), whose role can further infantilize disabled students. Further, some job sites who hire based on certificates from certificate programs are those who pay minimum or sub-minimum wage – these sites would be enclave work. The other opportunities are often those mentioned earlier -- food, flowers, and filth. Minimum wage alone is not a livable wage. So to pay someone sub-minimum wage is an act of targeted harm. It also reinforces a necessary dependence on others. One cannot be independent or interdependent without being able to support themselves financially. Even working a typical 40-hour work week would not offer a livable wage. The current federal minimum wage is $7.25 (U.S. Dept of Labor). 40 hours a week with this wage would result in $290 gross income – taxes not accounted for. And applying this to average living costs across the United States: an unlivable wage -- which goes back to the expectations set for disabled people. Unlivable wages are a problematic insistence on a hierarchy of people, which is based in historical, antiquated ideologies that devalue groups of people based on arbitrary understandings of normality. Using normality as a factor in expectations leading to wages and general well-being is not an appropriate determination.

The problems with certificate programs like TOPS, as well as the shallow diversity goals of universities, boil down to expectations. The expectations of intellectually disabled people are that they are not intelligent, they won't achieve much in life, they'll have a menial job, and more. Intellectually and developmentally disabled people are extremely underestimated: they are not "stupid", "idiots", or "morons". Stereotypes about disability contribute to the ableist assumptions about the skills and intelligence of disabled people. As a result, universities like Ohio State do not value the contribution of intellectually disabled people in their programs, in that often they don't offer inclusion in classes, outside the option of auditing. Likewise, Ohio State does not offer admission to most intellectually and cognitively disabled people.

I also notice that the expectations of disabled people are extremely low. This includes expectations coming from parents, siblings, teachers, program directors, professors, and / or peer mentors. This is a problem because low expectations lend themselves to underestimating individuals. This also goes hand in hand with infantilization of disabled people, as disabled people are often treated as children - as a result of untrue stereotypes - and therefore not as adults who have complex thoughts, feelings, and lives. High expectations help us to move forward, challenge ourselves, and achieve more in our lives and careers. So to set universally low expectations for folks with IDD is to set them up to achieve less from the beginning.

Certificate programs are one opportunity for education for disabled people, but they should not be the only option. The program offers an opportunity for education, as it offers students the ability to audit classes through the university. However, auditing classes does not allow students to achieve a degree. Focusing on contribution through labor diminishes the ability and skills of disabled students, because the focus disregards their other qualities. Disabled people are viewed as being a burden on society, but disabled people contribute to society in ways

outside of labor, in the same ways that nondisabled people do. Contributions beyond labor have to be discovered and elicited. The process has to be inclusive of people in their entirety – not just their ability to do labor. Aspects of inclusion are interpersonal relationships, and a focused consideration of individual skills and interests, so that the job or career of that person is achievable.

It is also worth noting that the language used to describe disabled students in the program (or prospective students) is person-first; 'person with disabilities'. Disabled activist Lydia Brown notes that this language use comes from the idea, "Person-first language puts 'person' before any identifier such as "autism" in order to emphasize humanity in [a person]" (Brown). Brown goes on to highlight the difference between different disorders and impairments, to explain when this language is preferred, and when it is not; "…person-first language expostulates that because cancer patients are referred to as "people with cancer" as opposed to "cancerous people" that the same would be used with autism, or other conditions…Autism is not a disease…It is an edifying and meaningful component of a person's identity" (Brown). Brown themself is autistic, and notes that they prefer identity first, for the reasons they stated, listed above.

Person-first is a specific choice, as this wording reinforces the need to separate disabled people from their identity. Of course, every disabled individual is entitled to use whatever language they choose – whether person first, identity first, or something else – however, for the institution to make the assumption of person-first language is separating all disabled applicants from their identity; the very identity that the program is based in. Person-first language is often used to remind the speaker and listeners of the humanity of the disabled person – 'person with disabilities' is used to remind others that they are a person first; a person before their disability. Again, disabled people use whatever language is comfortable to them. But when nondisabled

people insist on using language that places emphasis on their personhood before their identity (disabled), it gives the impression that nondisabled people need to be reminded of the humanity of disabled people, which shouldn't need to be a reminder. Additionally, identity first language is often used when discussing the identity of other marginalized groups: Black, gay, transgender, Jewish, Chinese. These are all identifying characteristics. So when nondisabled people insist on person-first language, it is a reminder that disability is not seen as a good thing. Disability is just a descriptor, like any identity, it is not good or bad. The language preference for individuals is personal. But when programs run by non-intellectually disabled people solely use person-first language, they communicate that 'disabled' is not something that people want to be identified as.

Value, Normate, and Sexual Assault

The idea of value begins early on in all lives; it is often seen in early education. An example is awards, and why they are given to students. One common award is the attendance award. This is given out to students who have perfect attendance for school in a year. This example is problematic, because it shows that the school values students who show up every day, while ignoring the fact that many students cannot show up every day, which is often out of their control. Children who are chronically ill or disabled, who have to travel between parents, have doctor's appointments, whose parents are imprisoned, who don't have consistent transportation – these are a few reasons why children may miss a day of school. School administrations are aware of these occurrences, but still give out attendance awards. This inherently communicates that if a student shows up despite any other life issues, or if a student has no life issues, they are more valuable to the school and are awarded for it. This mentality stays with children into adulthood, as it convinces a person that their value is tied up in their attendance and ability to be present

consistently. Likewise, this communicates that people who are valued are those who don't take breaks, or days off.

This idea that value is based in contribution can also be seen through forms of institutionalization, like homelessness and imprisonment. People experiencing homelessness are demonized members of society, as they are viewed as making no contribution, and therefore undeserving of help. This can be seen through both the attitudes from citizens with homes, as well as through physical examples. Anti-homeless structures are a prime example of this. Community officials and private businesses have anti-homeless structures added to public spaces, so that homeless people will not stay in those spaces. These structures include spikes on the ground behind doors and on window ledges, large rocks in small grassy spots in cities, noise machines outside businesses, as well as benches split up with arm-rails (Jock). Anti-homeless structures like these are just one example of the ways in which the state conveys its disdain for those who are not contributing to society in some way.

The problems related to who is valuable go back to the focus on feelings, hopes, and goals of the nondisabled, which don't consider the lives of disabled people. It is critical to realize; feelings, hopes goals; these are not of sole importance for disabled people, but are biproducts of necessary access and equity. Valued goals and hopes occur as a result of access and opportunity. Valued feelings are good, but the problem to be addressed is the institutional inaccessibility and inequity that disabled people face. Addressing these structural problems will subsequently allow feelings, hopes and goals to be valued: addressing structural issues will aide in addressing individual issues. The importance in access for disabled is not about individual problems; this is structurally ingrained into our society. Individual harm as a result of ableism is an issue nonetheless, however, structural harm is what causes such profound issues.

Right now, our value is based in our contributions to the system we live in. And this same system simultaneously shows that disabled peoples' contributions are inherently lesser – because disabled people are viewed as having fewer skills, less intelligence, and less to contribute. Contribution is done through actions like volunteering and working, with an emphasis on working. The idea is that you contribute time and energy to improve places or people. If you don't contribute, you are solely benefitting from the contributions of others, which is seen as unfair. This is true for all – nondisabled or disabled – however, the power of this system particularly effects disabled people, because it communicates that if you cannot contribute to society, you do not have value. Therefore, we cannot define value for ourselves; it is defined by the state in which we live.

But we cannot wait for a new system: marginalized people must not have to wait for a better system. At the same time, we can work toward access while actively dismantling this system. In the words of Audre Lorde: "The master's tools will never dismantle the master's house" (Lorde 1). Our current system cannot be used to fix the violence against disabled people. Any remedy found within this system only serves to further the agenda of a capitalist system, rather than the equity of disabled people. For this reason, it is necessary to understand why labor should not be central to the education that disabled people receive or have access to. Focusing on labor, and what contributions can be made to society, communicates to disabled people that their contributions are more important than their wants and needs.

Not only are the problems highlighted here reinforced by nondisabled peoples' feelings of saviorism, but these problems exist because of the normate of nondisabled feelings over disabled lives. This means that the comfort of nondisabled people is put before the lives of disabled people. This is the normate in our communities because we focus on the comfort of the

many over the access and resources for the fewer (though not few). This ties into Tanya Titchkosky's chapter on the normate. Titchkosky describes the normate here: "To "become normal," then, is to manage the appearance of any departure from the expected as an unwanted difference; to "act normally" or "to pass" means to be perceived by others as moving squarely within the realm of the expected; to "be normal" is to do what needs to be done to be taken as the expected" (Titchkosky 132).

The idea of "passing" originates with race, during the time of the Jim Crow era – early 1900s. The term was first used to describe Black people who looked white, or had Eurocentric features. Because Black people were seen as undesirable by white people, the term was coined in order to identify Black people who 'passed' as white, and were therefore shocking to white people. Scholar Robert Fikes Jr. explains this phenomenon in an article for Black Past: "Routinely shocking and sometimes lurid in detail, reports abound over three centuries of mixed-race persons lacking discernable African heritage masquerading as white" (Fikes). For Black people who 'pass' as white, there comes a different treatment, both before and after it is known that they are Black. 'Passing' as white offers a way to avoid stigmas that are associated with racist discrimination (Fikes). While passing avoidance of stigmas, as well as racialized violence is possible, however, if the Black person is identified as Black, passing as white, the passing is no longer there. And as Fikes explained, this shocks white people, a group that is also prone to committing racialized violence.

This is all to say that the idea of passing can be used to loosely describe disabled people. The issues of safety are not the same, but there is a safety in passing as nondisabled. Disabled people are targeted for their identity is different ways. Intellectually disabled people are targeted by more passive forms of ableism, through enclave work, and group homes. But they are also

targeted in more active forms of violence; having slurs thrown at them, or being physically and sexually assaulted. Intellectually disabled women are especially at higher risk of being sexually assaulted.

From NPR, as of 2018, "The rate of rape and sexual assault against people with disabilities is more than 7 times the rate against people without disabilities. Among women with intellectual disabilities, it is about 12 times the rate" (Shapiro). These staggering numbers show the violence that disabled people face. Intellectually disabled people often cannot pass, as there are physical attributes that go with certain disabilities, like Down syndrome – upturned eyes, small stature. Because passing is not something all intellectually and developmentally disabled people can do, ableist people target them for the aforementioned abuse. This is one reason why passing has safety in it. There are mental health implications on hiding your identity, but we must acknowledge the impact of living in an ableist world, unable to pass. Passing, in whatever group it is applied to, goes back to being perceived as normate: nondisabled, heterosexual, white, cisgender – these are the normate, because these are the groups that have the power in our society, and therefore have power over the other groups.

Drag Syndrome is a United Kingdom-based group of Drag Queens with Down syndrome (Drag Syndrome). They perform story hours, at culture shows, dance events, and more. They are a wonderful example of disabled people who have the opportunity to express themselves individualistically, while performing their identities in a fantastic way. At the same time, they also face consistent ableism and queerphobia for their identities. People with Down syndrome do not "pass" as nondisabled, yet they are using their identities as disabled queer artists to uplift their art through performance, nonetheless. Passing is a complicated concept, as it holds a certain safety. But in the same vein, some people do not want to pass, and that is important, too. People

who don't pass, or choose not to, still deserve the space to exist as themselves. Another example of non-passing disability is the Radical Beauty Project, self-described as, "A fashion and art photography project blurring boundaries between disciplines, and working to provide an alternative vision for beauty today" (RBP). This project highlights the beauty in disability, specifically Down syndrome, from people all over the world. It is an important focus on identity, while also upholding the identities that make the beauty. Disabled people exist in all identities, and often have multiple identities, which makes them the target of the prejudice that other groups face as well. This is why it is imperative to use an intersectional lens when understanding the harm that disabled people face, and the complicated idea of passing.

Pandemic

This research has taken place throughout much of 2020, and into the year 2021. During this time, there has been an ongoing global pandemic; the spread of the virus COVID-19. This pandemic has also made room for the opportunity for an increase in ableism. Indeed, it has produced another generation of disabled people, who will now experience the world through the identity of disability. This is necessary to consider, not only in this paper, but in our society moving forward. Accommodations have been made; however, these accommodations were more so done for the sake of capitalism, in that they are made in order to keep the economy flowing, as opposed to accommodations for the newly disabled people, or people with COVID-19.

The first accommodation I will discuss is masks. With a majority of the world wearing masks, there are those who resist what they regard as a governmental imposition on their freedom -- masks. Because there are some necessities – groceries, medication, and medical appointments -- we have worn masks to protect ourselves and others while getting said necessities. As a reflection of our capitalist society, some of the businesses deemed necessary to

be open are businesses like restaurants and bars. On May 7, 2020, Ohio Governor Mike DeWine issued a statement regarding the future of Ohio amidst the pandemic. In this statement he announced: "Outdoor dining [will reopen] May 15, and Dine-in service May 21…Personal care services such as hair salons, barbershops, day spas, nail salons, and tanning facilities may reopen on May 15" (DeWine). This statement, on May 7, was made only two months after the start of the pandemic. These are businesses that are not essential, but also will not survive having no customers throughout the pandemic, and thus need government assistance. The onus to keep these businesses from losing money and going bankrupt is on the government, but consumers continue to visit these non-essential businesses, which adds to the spread of the virus. Lives are risked daily, and have been for close to a year, as a result. In October 2020, roughly eight months after the start of the pandemic, Governor DeWine with the General Assembly, announced the CARES Act, offering $419.5 million as a source of funding for: "Small businesses, restaurants and bars, hospitals, higher education, arts, nonprofits, and low-income Ohioans impacted financially by the pandemic" (DeWine). This is a help to struggling Ohioans during the ongoing pandemic.

Another accommodation used throughout this time has been virtual working and virtual learning. Applications like Zoom, Skype, and Google Classroom allow us to continue working throughout the pandemic (EEOC). While these accommodations are very important, they exist as a response to the pandemic. The nature of capitalism is to produce accommodations such as these, so that the economy can remain stimulated, and that money continues to be made. As I write this, the pandemic is ongoing, and thus, it is unbeknownst to me whether these accommodations will carry into our society as we move toward herd immunity against COVID-19. It is imperative that they do continue, though, as these are the accommodations that some

disabled people have needed long before the pandemic, in order to continue going to work and school, even if it is online.

While these accommodations are being made for work and school, there are also accommodations being made to maintain the status quo; going to restaurants, bars, shopping – following the reopening of these business in May of 2020 (DeWine). These are not necessities, however, many people in the U.S. have continued to go to these places. Additionally, these restaurants and other businesses would likely shut down if consumers did not enter them. Therefore, accommodations have been made. This looks like social distancing, enforcing all people to wear masks, as well as increased cleaning of common surfaces. But a bigger accommodation is the expansion to outdoor dining. Restaurants and bars, over the last year, have built temporary outdoor dining spaces so that customers can eat outdoors. This both creates a wall in between groups of people and, being outdoors, the lack of enclosed walls allows for less spread of the virus.

But in this accommodation, there is a staggering observation. In the United States, there are roughly 553,742 people experiencing homelessness (HUD Exchange). This is, relatively, not a large number. Consumers are being allowed to eat in quickly built, spacious, outdoor seating areas, while homeless people are still sleeping on the streets. If this shows anything, it is that accommodations are made to continue capitalist agendas, rather than keeping people safe.

Homeless people have struggled to stay safe, fed, protected, and alive, long before the pandemic. But there has not been an overwhelming response of support to ensure food, water, and shelter for homeless people. Then as restaurants began to reopen, physical accommodations like these make-shift shelters have been made in order to continue being open. These shelters, allow businesses to make room for customers by moving their seating into the street. However,

accommodations for the homeless have not been so easy. It is telling that when consumers want to sit outside to eat out during a global pandemic, we build small shelters to separate them, while for homeless people, there are no shelters built – instead there are anti-homeless structures. The additional structures and seating also cause a problem for accessibility.

From the New York Times, writer Ginia Bellafante puts it: "The pandemic has, in effect, created bitterly competing demands for our compassion, pitting need against need" (Bellafante). While the needs of business owners are important in helping them stay afloat financially, cities are also criminalizing poverty through what are called anti-camping laws, which criminalize sleeping outdoors (AP News). It is ironic that when consumers want to eat a meal in a restaurant, a non-necessity, protective shelters are built, but when homeless people are simply trying to survive by sleeping where they can, they are criminalized.

The rhetoric of the past year is also necessary to address, as it permeates through discussion of disability, even outside of COVID-19. Throughout the pandemic, we have known the virus as a 'silent killer'; an unseen enemy to fight. This is an example of war-time rhetoric. This rhetoric is used with some other disabilities, as well. For example, cancer. Cancer is a disability, but is treated as a threat to defeat. Cancer effects the body-mind in a way that other disabilities do not. Similarly, the symptoms of COVID-19 are discussed with similar rhetoric. If we know of someone who has it, the instinct is to offer support through affirmations, for example, "you can do it" or "be strong". These are the sort of things that separate one from their disability, because the disability is seen as an outside force, something inherently bad that needs to be fought. This rhetoric reinforces the separation of a disabled person from their identity as disabled; it treats disability as if it is something that is not a part of the person. But in reality, disability cannot be separated from the person – it is within their body and further, a part of the

person's identity in many cases. Some disabilities may be treated or cured, like going into remission after a cancer diagnosis. But most disability is not something that has a cure, nor should it be cured. In the light of war-time rhetoric, it is communicated that disability is bad. Disability is an identifier for many people, and when we label it as bad, rather than simply neutral, we also label people with those disabilities as bad.

COVID-19 has after-effects on many people who contract it. The Centers for Disease Control and Prevention (CDC) notes several possible long-term effects of the virus: "inflammation of the heart muscle, lung function abnormalities, acute kidney injury, memory problems" (CDC). This constitutes a disability. So the way we talk about people who experience COVID-19, or conditions like it, has an impact on a lot of people who are or will become disabled as a result of this virus. When we constantly encourage disabled people to "be strong" or to "overcome", we are also saying that if they don't overcome or they're not strong, then they're not trying hard enough. After all, if you don't win the war, you are labelled a "loser".

We are now over a year into the pandemic, and vaccines are starting to roll out. As we begin to achieve herd immunity, there are also several discussions to be had. In the rollout of the vaccine, there have been groups allowed to receive the vaccine through timed rollouts. The order of these groups reflects the order of those who are most vulnerable to it – or so was said. Unfortunately, the rollout has been less than so, as it focused firstly on healthcare personnel and long-term care facility residents (CDC). While these are important groups to be vaccinated, this plan in no way considers intersectional identities, and it ignores some of the most vulnerable. Disability can exist at any age, and should have been taken into more consideration for the rollout.

There are two major groups who are not being prioritized for the vaccine, despite being at very high risk of contracting the virus: homeless people, and incarcerated people. In an article for PEW Trusts, Lindsey Van Ness notes that, "Although [North Carolina] began vaccinating people age 65 and up in mid-January… many don't have access to the technology and transportation that people … need to get a shot" (Van Ness). Many hospitals and clinics require patients to use an online portal for appointments and information. And at this point, vaccinations are only administered through scheduled appointments. Homeless people do not have access to the necessary technology or money to achieve these things, outside of public places like libraries, which have been shut down due to the pandemic. In our technology-based world, many are being overlooked during times of crisis. As a result, homeless people are not getting vaccinated, while they are at high risk because they do not have secure places to stay away from the possibility of infection. Homeless people are very relevant to the discussion of institutionalization, because homelessness is a type of institutionalization. Homeless people cannot stop being homeless at any point, and poverty is something that is difficult to get out of. So not only is this group of people without a house, but they are also vulnerable to weather, policing, and now a potentially deadly disease. For Stat News, Usha Lee McFarling points out this important issue, explaining that there is next to no data on the deaths of homeless people due to COVID-19 across the U.S., and many people are understanding the lack of data as a lack of deaths, attributing the "inherent social-distancing" of homelessness as a way that homeless people "dodged a catastrophe". McFarling goes on to say that this lack of data is also exposing a bigger problem: "The haphazard and often nonexistent accounting of homeless deaths and their causes" (McFarling). The lack of data, and lack of concern about it, is a reflection of the ways in which our society views homeless (institutionalized) people; as expendable.

The second overlooked group here is incarcerated people. The treatment of imprisoned people changes depending on the state. Reporters Ann Hinga Klein and Derek M. Norman in the New York Times report that, "The Centers for Disease Control and Prevention has recommended prioritizing prisoners for vaccines…but states have set their own eligibility lists for vaccines and have varied widely when it comes to when inmates can receive them" (Klein and Norman). Governor Ron DeSantis is quoted as saying, "There's no way you're going to get some prisoner a vaccine over a senior citizen" (Klein and Norman). This outlook on imprisoned people is a result of the stigma against those who are incarcerated. Additionally, it ignores the fact of the situation; inmates do not have access to the accommodations that un-imprisoned people do. These people are often indoors, with poor ventilation, and social distancing, another practice to ensure safety, is nearly impossible. To willfully ignore such a large population of people and to therefore allow them to contract a deadly disease is an act of extreme violence. The Marshall Project found that 1 in 5 prisoners has COVID-19, compared with 1 in 20 in the general population (Schwartzapfel et. al). Formerly incarcerated, Donte Westmoreland contracted the virus while imprisoned in Kansas. On the topic, he said, "It was like I was sentenced to death" (Schwartzapfel et. al). While surviving the pandemic, there are still discussions over when incarcerated people should receive the vaccine. Gov. DeSantis' disdain toward imprisoned people is not unique -- Colorado Gov. Jared Polis said, "There's no way it's going to go to prisoners…before it goes to the people who haven't committed any crime. It is a crime in and of itself to knowingly let such a large population of people continue to die from a virus with a vaccine. Governor Polis has control over the lives of the incarcerated people in his state, in that he gets to choose when they get the vaccine. This power differential reinforces the institution that is incarceration.

Freedom Theatre and Similarity

Here, I introduce the artifact of a thread of tweets by activist Cal Montgomery via Twitter. Montgomery's tweets offer an insight to the implications of institutionalization, examined here to dive into the issues surrounding it. Institutionalization highlights the pervasive medical industrial complex, or MIC. The MIC is defined as, "A large and growing network of private corporations engaged in the business of supplying healthcare services to a patient for a profit" (Relman 1). This must be understood in the discussion of institutions, as they profit off of the people who are institutionalized. The MIC allows room for continued abuse in the name of profit. Montgomery is a transgender, disabled white man. I want to highlight his identities here, as the impacts of medical ableism have had a huge impact on him -- not only because he's disabled, but because transphobia pervades medical spaces as well. Much of his experience with institutionalization can also be tied to his identity as a trans man. Institutions and other healthcare related organizations do not value trans lives, let alone support or accept them. This is related to the treatment Montgomery discusses; his identities exist together; because he is trans and disabled, he is dismissed and denied healthcare. Similarly, many healthcare workers do not understand the spectrum of gender, and therefore are unable to provide adequate care for trans people. This is also to say that in many places, trans people are labelled as mentally disabled because of their trans identity; it is not widely accepted, nor understood. Despite trans people existing for centuries, trans people are not accepted for their identity. The World Health Organization (WHO), until 2019, categorized being transgender as a "mental disorder" (Haynes). While this change is a step in the right direction for trans people, the fact that it did not change until 2019 is a reflection of the stigma around transness. Classifying a trans identity as a mental health disorder simultaneously stigmatizes transness. Not only is stigma like this harmful on an

individual level, but it also lays the basis for anti-trans bills and laws, as well as discriminatory healthcare and denial of human rights (Haynes). These stigmas negatively impact Montgomery, and other trans people because despite the move away from seeing trans people as mentally ill, the stigma of it being branded as such will continue to pervade – the stigma did not disappear when trans was taken off the list of mental illnesses. For institutionalized trans people, their trans identity continues to face the stigma of mental illness, and it is used as reasoning to continue institutionalization. Writer Sam Dylan Finch writes on his experience as trans while institutionalized, saying: "If we [trans people] aren't suffering at the hands of someone else, we're suffering the emotional trauma of being trans in a system that does not know how to affirm us, help us, or treat us" (Finch). Finch's recounting of his experience in an institution reflects the thoughts of Montgomery's experience, and is another example of the harm trans people endure.

Through his tweets, Montgomery also highlights this idea of freedom theatre, and how it relates to institutionalization as a trans disabled person: "In the better zoos, their enclosures are designed to simulate key features of free environments and prompt them to behave in ways that are similar to the ways free gorillas behave. But the gorillas are not free. It's freedom theatre" (Montgomery). Montgomery uses the metaphor of a zoo in order to showcase the performative nature of institutions. He coined the term freedom theatre to explain the metaphor here: while the cages for the gorillas are created to simulate freedom, in reality, they exist to control the gorillas. Further, these cages are created with clear sights, so zoo-goers can stand and watch the gorillas in whatever they do. Zoo-goers may feel remorse at the sight of the cage, but make assurances that they are happy in it; that they were saved. This translates to institutions and the harm that they do, despite their creation being done with a mindset of saviorism (though disabled people

would realize that the saviors who created them are not trying to save disabled people, but to showcase their nondisabled saviorism – which relates back to the discussion on voluntourism). These institutions are created as a spectacle; they offer volunteer positions and access for the nondisabled to tour: to watch, observe, take pictures, and go home.

Consistent with the metaphor, we can ask: is the converse of life in a cage the ability to look at others in the cage? Are we only either zoo animals, or zoo-goers? Can we exist outside the zoo, or will the spectacle follow wherever we go? We must also critically ask who built the zoo. Montgomery's quote can be applied to institutions of all kinds -- prisons, jails, group homes, nursing homes, special education classrooms, family homes, homelessness, sub-minimum wage jobs. These are all instances in which one party "puts on the show", while the other party watches or engages in some way.

There are differing levels of engagement in this "show" depending on the institution, however, the use is all the same. One party receives some sort of "help" (loosely defined), while the other party determines the treatment and outcome that the institution provides. These different engagements represent the expectations of disabled people in our communities and wider society. Special education classrooms, for example, indirectly place disabled students on the school to prison pipeline or the school to work pipeline. Both are pathways to different institutions, which displays the expectations had for disabled students as needing to contribute in some way to society in order to be valued. Meanwhile, non-intellectually disabled people are able to get an education for no reason, or simply because their parents told them to, or because "that's what everyone does". But that's not what everyone does: not everyone is given that opportunity. Again, I believe that post-secondary education is a right that everyone deserves the opportunity to, including and especially intellectually disabled people.

Another way in which Montgomery uses a rhetorical device in his writing is through repetition. He uses words and phrases repetitively in order to reinforce his point. One repetition used by Montgomery is a comparison to the normate; often the example used is 'a neighbor': "We comply with the principle of normalization – disabled peoples' patterns of life should be "as close as possible to the…regular circumstances and ways of life in their communities. …You get up at the same time as your neighbors, dress similarly, spend your days doing similar things. … If you walk through a group home living room and the next-door neighbor's living room, I'm sure they look the same. There's a difference. The neighbor decorated their own living room…. And if I make you do what your free neighbors do, that doesn't make you free" (Montgomery). This rhetoric displays the voyeurism of nondisabled people in disabled peoples' lives. Nondisabled people "help" disabled people by taking them to institutions (including group homes and nursing homes), which in turn, allows them to be separate from disability – to remove themselves when they see fit.

Montgomery's repetition of the term 'neighbor' also reinforces the comparison that nondisabled people make in their insistence on institutionalization: a comparison done so that disabled lives are similar to nondisabled lives. Neighbor evokes a sense of similarity in values and resources. If you picture a stereotypical neighborhood, for example a suburban area, it probably shows similar looking people, who have similar class status, similar careers, similar friends, are a similar or the same race, have similar goals. This picture of similarity is reflected in institutions, especially group and nursing homes, which evokes a sense of familiarity and similarity with others. For NPR, geriatrician Dr. Louise Aronson says, "[she] would like to see nursing homes be more like actual homes, stylish and stimulating, rather than soulless, institutional corridors of plastic and stainless steel" (Jaffe). When living in a nursing home in

which the corridors, walls, and shared spaces look so similar, it begins to become a reminder that it is an institution, and not one's own home.

In Psychology Today, psychologist Dr. Gwendolyn Seidman explains the significance in similarity. She notes that there is a difference in actual similarity, in which you do have a lot in common with someone, and perceived similarity, in which you just think you have a lot in common (Seidman). She goes on to say: "Perceived similarity has a large effect in liking. So it's more important to *think* you have a lot in common with someone than it is to *actually* have a lot in common" (Seidman). This understanding can be applied to the similarity in the 'neighborhood' of group and nursing homes. Perceived similarity has a large effect in liking, and thus, impacts how we interact with people and spaces that are similar to us and our values. Liking our homes and neighborhoods is part of what makes them comfortable to us, which is reflected in this perceived similarity. The comfort in similarities in the lives of the nondisabled reinforces the need for nondisabled people to emulate this life for disabled people in group homes and nursing homes. This emulation communicates that disabled people want a life that is similar to nondisabled peoples' life. Similarly, it assumes that disabled people want to be disconnected from their disability; that disabled people want to exist outside of their disabled selves, or be seen as separate from their disability. But on the contrary – many disabled folks simply want to exist as happy *and* disabled, not happy in spite of it.

In lieu of more violent historical treatment of disabled people, the most harmful response to disability currently is a life in a cage. Institutionalization continues because not only is disability a divergence from the normate, but disability also reiterates the reliance of nondisabled people on structure and adherence with the expected normalcy. Despite societal understanding of disability as non-normal, disabled people are happy. BBC News surveyed disabled people in

2014, and found that, “Impairment usually makes little difference to quality of life” (BBC News). So why is it assumed that disabled people don’t want to be disabled, or are unhappy because of their disability? This is what’s called the disability paradox. “Surveys reveal people with disabilities consistently report quality of life as good as, or sometimes even better than, that of non-disabled people” (BBC News). This is the disability paradox: because disability is understood as “bad”, it is assumed that one cannot be happy while being disabled. In reality, the part of being disabled that is “bad” is in the environment. The article goes on, “This highlights the importance of environment in determining happiness of disabled people. As in most areas of life, it’s structural factors that make the real difference…[But] my point is that while disability is not simply an irrelevant difference, like the color of your skin, neither need it be a tragedy” (BBC News). Despite the assumption that disability makes life unfortunate, according to disabled people, it does not.

Perhaps nondisabled people are envious of the freedom disabled people have; of being happy with oneself, and the ability to live knowing others are not comfortable with the way they do. Disabled people who use AAC (Augmentative and Alternative Communication), who are nonspeaking or nonverbal, who use wheelchairs or other mobility devices, who sign instead of using oral language, whose bodies exist outside of the perceived normate; these are just a small few of the ways that disabled people exist, and are happy as a result. Although the disability paradox tries to convince society that one cannot be happy while disabled, it is utterly mistaken.

Conclusion

Through the perspectives of disabled activist Cal Montgomery, as well as the insights of a variety of authors and contributors, we can learn and further problematize the institutionalization of disabled people. This problematization will inform the understanding for a

need of access and equity in higher education. Intellectually disabled peoples' identities are deemed unvaluable in educational spaces, beginning at the start of their education as children. The stigmas around intellectual disability carry with disabled people into adulthood, and inform the lack of access in higher education. All people should have the opportunity and access to choose the path that best suits them. And these paths should not be pre-run by nondisabled people whose ideals are put before the lives of disabled people. While certificate programs allow access to education to an extent, they also revolve around labor. These programs teach an education for disabled people that is steeped in usefulness and productivity, rather than the purposes that lets disabled people choose meaning for themselves.

When considering the alternatives to higher education for intellectually disabled people, we must consider the harm in those alternatives, as well as acknowledge that they are most institutions. The idealization of institutions by nondisabled people is a manifestation of eugenics. Nondisabled people in power need to recognize the ableism behind institutions, and work to dismantle eugenicist ideas within our systems and society.

Likewise, the exclusion from degree-seeking programs like Ohio State University, is systemic, and runs throughout our country. Ohio State is not unique in this sense – most colleges and universities are extremely selective in who they allow on their campus. But the ideals that admission is based in are outdated. Education, from preschool to PhD programs, needs to be accessible. Let intellectually disabled people in the door. When our systems allow continued exclusion, they communicate their assumption that intellectually disabled people do not have the ability to learn.

What does inclusion look like? Inclusion is to be given opportunity to 'get in the door'. I believe that universities should be open admission, allowing intellectually disabled people the

opportunity to continue life-long learning. University, as it stands, is a privilege for the few who are admitted. But this is gatekeeping education; saying that only some people can enter. Open admission is not an outlandish idea, either. Many universities are open admission, and even some prestigious universities, including Ohio State, were open admission in the past. To be selective of students is to uphold a meritocracy within the institution. This allows an unnecessary competitive atmosphere.

University is for continued education. While some areas of study may not be for all, and may not be achievable for some intellectually disabled people, this is not different from nondisabled people. Non-intellectually disabled people enter university and, through trial and error, figure out what they're good at and what they're not. Intellectually disabled people deserve the same opportunity. And it is not foolish to state. Beyond the doors of university – after graduation - is another story, but there is no argument that proves that intellectually disabled people cannot prosper in university. When non-intellectually disabled people continuously make that decision, we ignore a large number of people, and deny them access. While it is not yet a right for intellectually disabled people to enter higher education in the U.S., it should be, and it will be.

References

Adams, Rachel, et al. *Keywords for Disability Studies*. NYU Press, 2015, muse.jhu.edu/book/76320.

"A Point of View: Happiness and Disability." *BBC News*, 1 June 2014, www.bbc.com, https://www.bbc.com/news/magazine-27554754.

"Americans with Disabilities Act of 1990, AS AMENDED with ADA Amendments Act of 2008." *Americans with Disabilities Act*, 1 Jan. 2009, https://www.ada.gov/pubs/adastatute08.htm#12182.

Baggs, Mel. "The problem isn't that we need institutions back. The provlem is we haven't got as far away from them as we think we have." 2018, https://cussinanddiscussin.wordpress.com/2018/05/05/the-problem-isnt-that-we-need-institutions-back-the-problem-is-we-havent-got-as-far-away-from-them-as-we-think-we-have/amp/.

Barton, Russell. Et al. "Institutional Neurosis." 1976. *John Wright & Sons Ltd*. http://periferiesurbanes.org/wp-content/uploads/2018/07/Russell-Barton-Auth.-Institutional-Neurosis-Butterworth-Heinemann-1976.pdf

Bellafante, Ginia. "The Ugly Side of NY's Outdoor Dining Renaissance During Coronavirus Pandemic." *The New York Times*. 10 Sept. 2020, https://www.nytimes.com/2020/09/10/nyregion/nyc-outdoor-dining-homeless.html.

Belt, Rabia, and Doron Dorfman. "Subminimum Employment for People with Disabilities." *Stanford Law School*, 1 Nov. 2018, https://law.stanford.edu/2018/11/01/subminimum-employment-for-people-with-disabilities/.

"BUCK v. BELL." *FindLaw*, Apr. 1927, https://caselaw.findlaw.com/us-supreme-court/274/200.html.

Brown, Lydia X. Z. "Identity-First Language." *Autistic Self Advocacy Network*, https://autisticadvocacy.org/about-asan/identity-first-language/. Accessed 6 March 2021.

CDC. "COVID-19 and Your Health." *Centers for Disease Control and Prevention*, 8 Apr. 2021, https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html.

CDC. "Disability Impacts All of Us Infographic | CDC." *Centers for Disease Control and Prevention*, 8 Mar. 2019, https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html.

CDC. "When Vaccine Is Limited, Who Gets Vaccinated First?" *Centers for Disease Control and Prevention*, 25 Mar. 2021, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations.html.

Creamer, Deborah Beth. "Disability and Christian Theology: Embodied Limits and Constructive Possibilities." *Disability and Christian Theology*, Oxford University Press, 2008.

Dalton, Kristin. "The Horrors of Willowbrook State School." *Silive.Com*. 19 Jan. 2017, https://www.silive.com/news/2017/01/the_horrors_of_willowbrook_sta.html.

DeWine, Gov. Mike. "Governor DeWine Announces CARES Act Funding to Support Small Businesses, Nonprofits, and Ohioans Impacted by COVID-19." *Governor Mike DeWine*. 23 Oct. 2020, https://governor.ohio.gov/wps/portal/gov/governor/media/news-and-media/cares-act-funding-announcement-10232020.

Examined Life - Judith Butler & Sunaura Taylor. 2010. *YouTube*, https://www.youtube.com/watch?v=k0HZaPkF6qE.

Fassler, Ella. “Disabled People Are Tortured in Solitary Confinement, But Tides May Be Turning.” *Truthout*, 25 Jan. 2020, https://truthout.org/articles/disabled-people-are-tortured-in-solitary-confinement-but-tides-may-be-turning/.

Fergus, Devin. “My Students Pay Too Much for College. Blame Reagan.” *Washington Post*, 2 Sept. 2014, https://www.washingtonpost.com/posteverything/wp/2014/09/02/my-students-pay-too-much-for-college-blame-reagan/.

Fikes, Robert. “The Passing of Passing: A Peculiarly American Racial Tradition Approaches Irrelevance.*” Black Past*, 30 Dec. 2014, https://www.blackpast.org/african-american-history/passing-passing-peculiarly-american-racial-tradition-approaches-irrelevance/.

Finch, Sam Dylan. “What Being Institutionalized As A Trans Person Made Me Realize.” *Let’s Queer Things Up!*” 3 Apr. 2016, https://letsqueerthingsup.com/2016/04/03/what-being-institutionalized-as-a-trans-person-made-me-realize/.

For Every Kid*. YoungLife.Org*. 2021, https://younglife.org/get-involved/for-every-kid/.

14(c) Certificate Holders. *U.S. Department of Labor*. 1 Jan. 2021, https://www.dol.gov/agencies/whd/workers-with-disabilities/section-14c/certificate-holders.

Gunderman, Dan. “Revisiting the Atrocities That Once Consumed the Halls of Willowbrook State School in Staten Island – WARNING GRAPHIC CONTENT.” *New York Daily News*. 9 Apr. 2017, https://www.nydailynews.com/news/national/atrocities-consumed-halls-willowbrook-school-article-1.3030716.

Haynes, Suyin. “WHO Drops Being Transgender from List of Mental Disorders.” *TIME*, 28 May 2019, https://time.com/5596845/world-health-organization-transgender-identity/.

Heasley, Shaun. “UN: People With Disabilities Free To Make Own Decisions.” *Disability Scoop*, 23 Apr. 2014, https://www.disabilityscoop.com/2014/04/23/un-disabilities-free-decisions/19303/.

Institute of Education Sciences. 2015-6. “Fast Facts: Students with Disabilities.” *National Center for Education Statistics*. https://nces.ed.gov/fastfacts/display.asp?id=60. Accessed 22 November 2020.

Institutional Research and Planning. *OSU Statistical Summary*, 2017, https://www.osu.edu/osutoday/stuinfo.php/historical_osu_statistical_summary_2011-2017.xls.

Jaffe, Ina. “Ideal Nursing Homes: Individual Rooms, Better Staffing, More Accountability.” *NPR.Org*, 21 May 2020, https://www.npr.org/2020/05/21/855821083/ideal-nursing-homes-individual-rooms-better-staffing-more-accountability.

Jock, Kaitlin. *“*You Are Not Welcome Here: Anti-Homeless Architecture Crops up Nationwide.*” Street Roots,* 7 June 2019, https://news.streetroots.org/2019/06/07/you-are-not-welcome-here-anti-homeless-architecture-crops-nationwide.

Kennedy Shriver, Eunice. “Eunice Kennedy Shriver’s Message of Hope.” *Resources*, https://resources.specialolympics.org/videos/eunice-kennedy-shrivers-message-of-hope. Accessed 20 Feb. 2021.

Klein, Ann Hinga, and Derek M. Norman. *“*Covid Outbreaks Devastated Prisons, but State Inmates’ Access to the Vaccine Varies Widely.” *The New York Times*, 17 Mar. 2021, https://www.nytimes.com/2021/03/17/us/covid-prisoners-vaccine.html.

Lorde, Audre. 1984. “The Master’s Tools Will Never Dismantle the Master’s House.” *Sister Outsider: Essays and Speeches.* Ed. Berkeley, CA: Crossing Press. 110-4. 2007. Print.

Luterman, Sara. "Minimum-Wage Misfire Also Harms Disabled People." *The American Prospect*, 2 Mar. 2021, https://prospect.org/health/minimum-wage-misfire-also-harms-disabled-people/.

Majors + Academics. *The Ohio State University*. http://undergrad.osu.edu/majors-and-academics. Accessed 17 Mar. 2021.

Manian, Maya. "Immigration Detention and Coerced Sterilization: History Tragically Repeats Itself." *American Civil Liberties Union*, 29 Sept. 2020, https://www.aclu.org/news/immigrants-rights/immigration-detention-and-coerced-sterilization-history-tragically-repeats-itself/.

McFarling, Usha Lee. "The Uncounted: People Who Are Homeless Are Invisible Victims of Covid- 19." *STAT*, 11 Mar. 2021, https://www.statnews.com/2021/03/11/the-uncounted-people-who-are-homeless-are-invisible-victims-of-covid-19/.

Minimum Wage | U.S. Department of Labor. https://www.dol.gov/general/topic/wages/minimumwage. Accessed 11 Feb. 2021.

Montgomery, Cal. Series of Tweets. *Twitter*, 20 September 2020, https://twitter.com/Cal__Montgomery/status/1307710027516571651.

Montross, Christine. "Opinion | The Modern Asylum." *The New York Times*, 18 Feb. 2015, https://www.nytimes.com/2015/02/18/opinion/the-modern-asylum.html?_r=2.

Morstad, David. "The Myth of Mental Age." *Reflections at the Crossroads of Faith and Disability*, 3 July 2015, https://largertable.com/2015/07/03/the-myth-of-mental-age/.

"NAACP | Criminal Justice Fact Sheet." *NAACP*, 2021, https://www.naacp.org/criminal-justice-fact-sheet/.

National Council of Disability Policy. “Subminimum Wage and Supported Employment.” *National Council of Disability Policy,* 23 Aug. 2012*,* https://ncd.gov/sites/default/files/NCD_Sub%20Wage_508.pdf

National Network. 2011. “Understanding Disability Statistics.” *Information, Guidance, and Training on the Americans with Disabilities Act*. https://adata.org/factsheet/understanding-disability-statistics#_ftnref1. Accessed 22 November 2020.

NCES. “The NCES Fast Facts Tool Provides Quick Answers to Many Education Questions.” *National Center for Education Statistics*, 2015, https://nces.ed.gov/fastfacts/display.asp?id=60.

“Nursing Home Abuse - Learn About Abuse in Nursing Homes.” *Nursing Home Abuse Center*, https://www.nursinghomeabusecenter.com/nursing-home-abuse/. Accessed 1 March 2021.

“Pandemic Preparedness in the Workplace and the Americans with Disabilities Act | U.S. Equal Employment Opportunity Commission.” *U.S. Equal Employment Opportunity Commission*, 21 Mar. 2020, https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act.

“People with Disabilities” *United States Holocaust Memorial Museum*, https://www.ushmm.org/collections/bibliography/people-with-disabilities. Accessed 6 March 2021.

Purkis, Yenn. “Why the Concept of Intelligence is Problematic.” *Yenn Purkis Autism Page*, 2 August 2020, https://yennpurkis.home.blog/2020/08/02/why-the-concept-of-intelligence-

is-problematic/?fbclid=IwAR0ptMFqzrfIkUJq6muETk0YkkoK2-z88HoGF3zn6M7hKtEjbip37bW_Acg.

Rabe Thomas, Jacqueline. "How Wealthy Towns Keep People With Housing Vouchers Out." *ProPublica*, 9 Jan. 2020, https://www.propublica.org/article/how-wealthy-towns-keep-people-with-housing-vouchers-out?token=20Tgq0p4nnwC4i13hjc-gV7MRR72yNoe.

"RADICAL BEAUTY PROJECT." *RADICAL BEAUTY PROJECT*, http://www.radicalbeautyproject.com. Accessed 10 Mar. 2021.

Reimann, Matt. "Willowbrook, the Institution That Shocked a Nation into Changing Its Laws." *Medium*, 15 June 2017, https://timeline.com/willowbrook-the-institution-that-shocked-a-nation-into-changing-its-laws-c847acb44e0d.

Relman, Arnold. "The New Medical-Industrial Complex." *The New England Journal of Medicine,* 23 October 1980. https://www.nejm.org/doi/full/10.1056/NEJM198010233031703.

Retief, Marno, and Rantoa Letšosa. "Models of Disability: A Brief Overview." *HTS Teologiese Studies / Theological Studies*, vol. 74, no. 1, Mar. 2018, doi:10.4102/hts.v74i1.4738.

Riley, Leah. "A Misunderstood Area of ADA Compliance: Existing Facilities." *Burnham Nationwide*, 15 Mar. 2021, https://www.burnhamnationwide.com/final-review-blog/a-misunderstood-area-of-ada-compliance-existing-facilities.

Rosenberg, Tina. "The Business of Voluntourism: Do Western Do-Gooders Actually Do Harm?" *The Guardian*, 13 Sept. 2018, http://www.theguardian.com/news/2018/sep/13/the-business-of-voluntourism-do-western-do-gooders-actually-do-harm.

Shuman, Amy. Personal Interview. 18 March 2021.

"Seattle Suburb OKs Camping Ban It May Not Be Able to Enforce." *AP News*, 17 Feb. 2021, https://apnews.com/article/seattle-paul-allen-coronavirus-pandemic-courts-3323f65c2146411ace9f99a255dacf44.

"School-to-Prison Pipeline." *Disability Rights Education & Defense Fund*, https://dredf.org/legal-advocacy/school-to-prison-pipeline/#_ftn1. Accessed 11 Mar, 2021.

Schwartzapfel, Beth, et al. "1 in 5 Prisoners in the U.S. Has Had COVID-19." *The Marshall Project*, 18 Dec. 2020, https://www.themarshallproject.org/2020/12/18/1-in-5-prisoners-in-the-u-s-has-had-covid-19.

Seidman, Gwendolyn. "Why Do We Like People Who Are Similar to Us?" *Psychology Today*, 18 Dec. 2018, https://www.psychologytoday.com/blog/close-encounters/201812/why-do-we-people-who-are-similar-us.

Shapiro, Joseph. "The Sexual Assault Epidemic No One Talks About." *NPR.Org*, 8 Jan. 2018, https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one- talks-about.

Smith, Ivanova. "Mental Age Theory Hurts People with Intellectual Disabilities." *NOS Magazine*, 7 Sept. 2017, http://nosmag.org/mental-age-theory-hurts-people-with-intellectual-disabilities/.

"Subminimum Wage | U.S. Department of Labor." *U.S. Department of Labor*, 2021, https://www.dol.gov/agencies/whd/special-employment.

"The Right to Self-Determination: Freedom from Involuntary Sterilization." *Disability Justice*, 2021, https://disabilityjustice.org/right-to-self-determination-freedom-from-involuntary-sterilization/.

"Tour." *Drag Syndrome*, 2021, https://www.dragsyndrome.com/tour-1.

Transition Options in Postsecondary Settings. "TOPS Program." *The Ohio State University Nisonger Center*. https://nisonger.osu.edu/adult/adult-clinics-services/tops/. Accessed 16 October 2020.

"Tuition & Fees | CIP Autism & LD Transition Programs." *College Internship Program*, 2021, https://cipworldwide.org/admissions/tuition-fees/.

"2017 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S. - HUD Exchange." *HUD Exchange*, Dec. 2017, https://www.hudexchange.info/resource/5639/2017-ahar-part-1-pit-estimates-of-homelessness-in-the-us/.

"Understanding Disability Statistics | ADA National Network." *ADA National Network*, 2017, https://adata.org/factsheet/understanding-disability-statistics.

Vallas, Rebecca. "Disabled Behind Bars." *Center for American Progress*, 18 July 2016, https://www.americanprogress.org/issues/criminal-justice/reports/2016/07/18/141447/disabled-behind-bars/.

Van Ness, Lindsey. "States Fail to Prioritize Homeless People for Vaccines." *PEW Trusts,* https://pew.org/3aX9RlM. Accessed 7 Mar. 2021.

Wearing, Stephen. "Volunteer Tourism: Experiences That Make a Difference." *International Journal of Tourism Research*, vol. 5, no. 2, pp. 153–54. *Wiley Online Library*, Mar. 2003, https://doi.org/10.1002/jtr.406.

"What Is Think College?" *Think College*, 2020, https://thinkcollege.net/about/what-is-think-college.

Wilson, Robert, and Susan Schweik. "Ugly Laws." *The Eugenics Archives*, 5 Feb. 2015, http://eugenicsarchive.ca/discover/tree/54d39e27f8a0ea4706000009.

Young Life. “About”. *YoungLife.Org*., 2021, https://younglife.org/about/.